



Ionia & Montcalm County Residents Only

Effective Christmas Season 2016, you will be required to submit your completed Application and Idea List for each child to EightCAP, Inc. **by Wednesday, November 30th**. Once your Application and Idea List is received, we will review it and our volunteers will fill the order. We will call you and let you know what time on **Wednesday, December 21st** you will be able to pick up your gifts. This new system will enable us to know how many gifts we need for each age group so each child receives an equal amount of gifts.

When you come to pick up the gifts, you will be asked to present the following required information:

- ❖ The Head of Household's Driver's License or State ID with a current address.
- ❖ Social Security Card for each child on the list. Copies will not be accepted.

Please be sure you have the required information on pick-up day.

If you do not have this information during pick up, you will not be allowed to receive the gifts selected for your child/children.

Important Information you need to know...

- Children must be between 0 -12 years of age.
- You are not eligible for this program if you receive gifts from Toys for Tots (this will be strictly enforced).
- Applications received after the **November 30th** deadline will be filled **only** if there is a sufficient amount of toys left.
- All toys given out are strictly donations from the community. Please appreciate what you receive.

Please submit your completed application to: EightCAP, Inc.
Attn: Tammie Dann
904 Oak Drive
Greenville, MI 48838
Phone: (616) 754-9315, ext. 3358
Email: tammied@8cap.org
Fax: (616) 754-9310



Head of Household (HoH) Last Name: _____ First Name: _____

Address: _____ Apt. # _____ City: _____ Zip: _____

Phone Number: _____ Message Phone: _____

Email Address: _____ County: _____

Birthdate of HOH: _____

Race/Ethnicity of HoH: African African American Caucasian Hmong
 Asian/Pacific Islander Multi-Racial Native American
 Hispanic/Latino/Chicano Other _____

Please list information for each eligible 0 - 12 year-old child/children below. Complete the Idea List for each child.

| First Name | Last Name | Gender | Age | Date of Birth | Relationship to Head of Household |
|------------|-----------|---|-----|---------------|-----------------------------------|
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |

By signing below, I give EightCAP, Inc./The Salvation Army permission to enter above information into their tracking system and share any provided information which may benefit members of the household.

Head of Household Signature: _____ Date: _____

Mail, fax, or email completed application to EightCAP, Inc., Attn: Tammie Dann, 904 Oak Drive, Greenville, MI 48838 by Wednesday, November 30, 2016.
 Fax: (616) 754-9310 or Email: tammied@8cap.org

| Staff Use Only: | Date Application Received | Date Participant Informed | Date of Pickup |
|-----------------|---------------------------|---------------------------|----------------|
| | | | |

IDEA LIST

One Idea List must be completed for each child. **PLEASE PRINT CLEARLY WHEN COMPLETLING.**

Child's Full Name: _____ Gender: M/F Age: _____

Clothing (fill out ALL sizes for each item below)

Shirts _____
Pants _____
Underwear _____
Socks _____
Shoes _____
Dress _____
Other: _____
Other: _____

Small Electronics

_____ Portable CD Player
_____ Watch
_____ Camera
_____ CD's _____
_____ DVD's _____
_____ Clock Radio
Other: _____
Other: _____

Toys/Games

_____ Board Games
_____ Dolls
_____ Puzzles
_____ Legos or Blocks
_____ Arts & Craft Items
_____ Other: _____
_____ Other: _____

Sports Equipment

_____ Balls – Soccer, Base, Basket, Foot
_____ Bat
_____ Glove
_____ Rollerblades
_____ Skateboard
_____ Other: _____
_____ Other: _____

Michigan or Michigan State

Personal Items

_____ Lotion _____ Hair Products _____ Perfume _____ Body Sprays
_____ Cologne _____ Make up _____ Nail Polish
Other: _____

Notes
