

FARMINGTON AREA
Goodfellows

"No child or senior without a Christmas"

www.goodfellows.info

(248) 986-1111
Fax (248) 986-1010
give@goodfellows.info

31455 W Eleven Mile Rd
Farmington Hills, MI 48336

Dear Friend and Neighbor:

The Farmington Area Goodfellows are in the process of making inquiries regarding any assistance you may require in providing for your family this holiday season. We would like to help; however, we need you to cooperate by submitting certain information to us to verify that you qualify.

Please fill out the following forms completely to ensure a happy holiday for your children (**ages 12 years and younger only**):

2018 Holiday Application Form
2018 Toy Request Form (no electronic toys)
2018 Diaper Request Form (if needed)

Make sure you have all the required paperwork needed to submit to the Goodfellows to start the process. Paperwork and applications must be mailed to address shown above, email to help@goodfellows.info or fax to (248) 986-1010.

**YOUR APPLICATION MUST BE POSTMARKED BY
FRIDAY NOVEMBER 30, 2018.**

For holiday assistance for your children **13 years and older** please contact:
FARMINGTON YOUTH ASSISTANCE
(248) 489-3434
fya@fpsk12.net

To ensure fairness, we work with other charities providing holiday assistance to eliminate duplication of requests.

If you have any questions about the information needed for the forms, please contact us at the phone number or email address shown above.

Thank you,

Richard Lerner

President
Farmington Area Goodfellows

KEEP THIS LETTER

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2018 HOLIDAY ASSISTANCE APPLICATION

GOODFELLOWS USE ONLY
FAMILY#

- **FRIDAY NOVEMBER 30, 2018** is the deadline for returning this application, proof of income and residency paperwork.
- Mail to address shown above, Fax to (248) 986-1010, or email to faoodfellows@gmail.com

- **SATURDAY DECEMBER 22, 2018** is delivery day.
- You must be home that morning between 8:30 am till NOON to accept the package delivery.

Please call if you have any questions or require help with this application: (248) 986-1111 Fax (248) 986-1010

PLEASE COMPLETE THIS APPLICATION, TOY AND DIAPER REQUEST FORMS

Family Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
Mother's Name:	<input type="text"/>	Father's Name:	<input type="text"/>
Street Address:	<input type="text"/>		
	<input type="checkbox"/> Farmington <input type="checkbox"/> Farmington Hills	Zip Code:	<input type="text"/>
Apt. Complex Name:	<input type="text"/>	Apt#:	<input type="text"/>
		Bldg#:	<input type="text"/>
Cell Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Email:	<input type="text"/>		

Is your family enrolled in the Farmington Public School's Head Start/GSRP Program? YES NO

List below all persons living in the household that are employed:

Name:	<input type="text"/>	Employer:	<input type="text"/>
Name:	<input type="text"/>	Employer:	<input type="text"/>
Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Monthly Amount:	<input type="text"/>

YOU MUST INCLUDE THE FOLLOWING DOCUMENTS

(SUBMIT ALL THAT ARE APPLICABLE)

- 2018 Current Pay Stub showing Year-to-Date Earnings
- 2017 Federal 1040 Tax Return (first page only) showing adjusted gross income (AGI)
- 2018 Current F.I.P. letter showing monthly cash assistance
- 2018 Social Security Disability (SSI, SSD) letter: for each family member showing monthly cash assistance.
- Unemployment letter or 2018 pay stub showing monthly cash assistance
- **NO (FAP) FOOD ASSISTANCE LETTERS ACCEPTED**

(SUBMIT ONE ONLY)

- 2018 Copy of your October, November, or December utility bill (Consumers Energy or DTE Energy) that **shows your NAME and ADDRESS**
- **NO PHONE OR CABLE BILLS ACCEPTED**
- Current Apartment Lease

Applicant's Signature:

Date:

2018 FARMINGTON AREA GOODFELLOWS HOLIDAY TOY APPLICATION

For Goodfellows Use Only: FAMILY#

FAMILY NAME:

Toy Ethnicity (Optional):

CHILD NAME	BOY GIRL	AGE	SCHOOL	TOY SUGGESTIONS		BOOK SUGGESTIONS
				1	2	
				3	4	
				1	2	
				3	4	
				1	2	
				3	4	
				1	2	
				3	4	
				1	2	
				3	4	

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2018 FARMINGTON AREA GOODFELLOWS DIAPER APPLICATION

For Goodfellow
Use Only:
Family#

ONLY ONE SIZE DIAPER PER CHILD

Must be 3 years or younger

Last Name:

Address:

Child Name	Child Name	Child Name	Child Name	Child Name

Diapers

Size 1,2
 3
 4
 5
 6

Pull Ups

2T - 3T Girl
3T - 4T Girl
4T - 5T Girl
2T - 3T Boy
3T - 4T Boy
4T - 5T Boy

Good Nites

Sm/Md Girl
Lg/XL Girl
Sm/Md Boy
Lg/XL Boy

This form and others available online at: www.goodfellows.info.