2020 Toy Request Form



TOYS

I have not applied for assistance with the Salvation Army or other Toys for Tots agencies; I understand that if I have requested toys from other agencies, I will not receive toys from New Bern Parks and Recreation. Our toys are from the same agency. Sign X

The front side of this form must be completed and signed

Head of Household Name

Address	City	Zip
Mailing Address if different		
Email Address	Cell Number	
Home Number	Alternate Number	

Please Print Clearly Serving Youngsters 0-12 years old (This is a toy program)

Child's full Name	Age as of 12/31	Girl or Boy	Child's Birthday	Any Disabilities? explain



Sign Name

Staff

Today's Date_____



STOP STAFF ONLY

DO NOT WRITE ON THIS SIDE. STAFF ONLY

Are you a sta	aff of Ne	w Bern Parks a	nd Recreation	on?	Yes or	No		
lf no, please	STOP	here.						
			Ve	rification				
(3) forms of	identifi	cation:						
ID/DL and S Mail /Bill add			e, Light Bill,	NC Natura	al Gas Bil	l, Bank si	tatement, Check	k Stub, oi
1) Head of H	louse ID	/Drivers Licens	e's Number					
Proof of Ider	ntity							
2)				3.)				
Income Veri	ificatior	h: Circle all that a	apply					
Check stub	TANF	Child Support	Disability	Other			Total \$	
Unemployed due to Covid-19		Rece	Receiving unemployment benefits \$					
How often pa	aid:	Weekly	Bi-weekly	Monthly				
Average Mo	onthly B	ills: \$						
Total income	e \$							
Total bills	- <u>\$</u>	<u>.</u>						
	\$							
Staff Verifica	ition							
Today's Date	e							

Assigned Number