



Tiftarea YMCA  
 1657 S. Carpenter Road  
 Tifton, GA 31793  
 229.391.9622  
 www.tiftareaymca.org

# 2022 Y CHRISTMAS

## Basket Wish List

Event: Saturday, December 10, 2022 9:00 am at Tiftarea YMCA

Deadline to turn in this form: Wednesday, October 26<sup>th</sup>, 2022. For Ages 0-13.

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

(Example Youth or adult- petite or regular -please use actual number size for all clothes and shoes)

Shirt Size \_\_\_\_\_ Pants Size \_\_\_\_\_ Under Garment Size \_\_\_\_\_ Shoe Size \_\_\_\_\_

Wish Item #1 \_\_\_\_\_

Wish Item #2 \_\_\_\_\_

Wish Item #3 \_\_\_\_\_

Items **NOT** accepted: Any item over \$100, bicycles, cell phones, tablets, or gift cards.

Does your child have special needs? YES or NO

**\*Child must be present to receive basket and must reside in the home with the parent/guardian.**

**\*Please complete this form and return it to the YMCA along with a financial aid application, your 6 weeks of most recent check stubs, and any other assistance you are receiving (food stamps, child support, TANF, etc.).**

**\* Grandparent cannot sign children up unless they are guardian (must have proof)**

**\*If you qualify and are selected, you will be contacted by December 7<sup>th</sup> regarding pick-up dates and times.**

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Email \_\_\_\_\_

Office Use Only:

Basket # \_\_\_\_\_

Sponsor \_\_\_\_\_

Pick-up Time \_\_\_\_\_ am/pm



**TIFTAREA YMCA FINANCIAL ASSISTANCE APPLICATION**

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**EMPLOYMENT INFORMATION**

(please attach proof of gross income for current 6 weeks for all adults in household or your most current W2 form) **Must bring copies of all information to go in file.**

Your Employer \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD (related and not related)

NAME (FIRST AND LAST)	SEX	RELATIONSHIP	DATE OF BIRTH

TIFTAREA YMCA 1657 S. CARPENTER ROAD, TIFTON, GA 31793 229-391-9622

[WWW.TIFTAREAYMCA.ORG](http://WWW.TIFTAREAYMCA.ORG)

Please note amount received next to each item that you or anyone in your household receives. Please include verification for each.

ITEM	AMOUNT RECEIVED	DOCUMENTS ATTACHED (YES OR NO)
SSI		
TANF		
FOOD STAMPS		
SOCIAL SECURTIY		
CHILD SUPPORT		
PELL/HOPE GRANT		
DISABILITY/SICK PAY		
RETIREMENT/PENSION		
UNEMPLOYMENT		
WORKMAN'S COMP		

Note: Documentation of the above information allows the Tiftarea YMCA to better determine your eligibility for financial assistance. All information must be accompanied by the corresponding verification. Please attach all verification to the back of this application.

\*You must be actively seeking child support in order to receive financial assistance for a child whose parent does not reside in the home. Proof must be provided that you are actively pursuing Child Support Enforcement services.