

**OPERATION SANTA
REPEAT APPLICANTS**

Form C

Applicants who have received assistance from Operation Santa in previous years are **required** to complete this form and submit it along with their application in 2016. Elderly (65 and older) or disabled applicants are exempt from this new requirement. Operation Santa's goal is to assist families, who have a *temporary* hardship, provide a brighter Christmas for their children. We also want to encourage and help families improve their situation in an effort to make it possible for them to become self-sufficient. **IF THIS FORM DOES NOT ACCOMPANY YOUR APPLICATION AND YOU RECEIVED ASSISTANCE IN THE PAST FROM OPERATION SANTA, YOUR APPLICATION WILL NOT BE ACCEPTED. YOUR SIGNATURE BELOW GIVES CONSENT FOR OPERATION SANTA TO VERIFY ANY INFORMATION PROVIDED.**

Applicant's Name: _____

Signature: _____

Applicant's Address: _____

Identification of Wakulla County Residency provided? ____ Yes ____ No

1. Are you currently employed? ____ Yes ____ No

If no, please show verification of jobs applied for in 2016. This may be provided by online verification, a letter from the proposed employer(s) and/or the signature below from a Wakulla Human Service Center authorized representative.

I, (print) _____, verify that the applicant listed above applied for employment through our agency (_____) during 2016.

(Signature) _____

2. Did you take a course or go through any counseling related to your family's situation? ____ Yes ____ No

If yes, please provide verification by attaching a certificate of completion or an authorized signature below.

I, (print) _____, verify that the applicant completed a course provided or went through counseling with (_____) during 2016.

(Signature) _____

3. Do you have any type of illness, physical or mental, or a disability which makes it difficult to find or maintain employment? ____ Yes ____ No

If yes, please present one of the following (we do not want a copy, just show it to the interviewer):

- Statements or letters on a physician's/medical professional's letterhead stationery.
- Statements, records or letters from a Federal Government agency that issues or provides disability benefits.
- Statements, records or letters from a State Vocational Rehabilitation Agency counselor.
- Certification from a private Vocational Rehabilitation or other Counselor that issues or provides disability benefits.

(Signature) _____

4. I understand that if I do not attend the "Getting Ahead" classes at CAPITAL AREA COMMUNITY ACTION **BEFORE** October, 2017, I may not be helped by Operation Santa. And, that it is my responsibility to contact Capital Area Community Action Center to enroll in the class.

(Signature) _____