



ROUND ROCK
OPERATION BLUE SANTA
APPLICATION - 2020

FOR OFFICE USE ONLY

Application#: _____
Status: _____
Status Date: _____
Adopted By: _____
SECTOR: _____

APPLICANT MUST LIVE WITHIN THE CITY LIMITS OF ROUND ROCK

Last Name: _____ First Name: _____ Middle Name: _____ DOB: ____ / ____ / ____

Spouse (Living In Home): _____

Address: _____ Apt Name/No: _____ Bldg #: _____

Phone: _____ Alt Phone: _____

Total People Living in Home: _____

List Other Adults Living in Home

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

List Children 14 and Older Living in Home

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Have you applied or do you plan to apply at any other helping organization for assistance this holiday season? ____ Yes ____ No

Where? _____

COMPLETE DETAILS BELOW OF ALL CHILDREN AGES NEWBORN THROUGH 13 WHO LIVE IN THE HOME

	NAME (FIRST AND LAST)	DATE OF BIRTH	AGE	SEX M <input type="checkbox"/> F <input type="checkbox"/>	SCHOOL NAME	GRADE
1.				M <input type="checkbox"/> F <input type="checkbox"/>		
2.				M <input type="checkbox"/> F <input type="checkbox"/>		
3.				M <input type="checkbox"/> F <input type="checkbox"/>		
4.				M <input type="checkbox"/> F <input type="checkbox"/>		
5.				M <input type="checkbox"/> F <input type="checkbox"/>		
6.				M <input type="checkbox"/> F <input type="checkbox"/>		
7.				M <input type="checkbox"/> F <input type="checkbox"/>		
8.				M <input type="checkbox"/> F <input type="checkbox"/>		
9.				M <input type="checkbox"/> F <input type="checkbox"/>		
10.				M <input type="checkbox"/> F <input type="checkbox"/>		

I UNDERSTAND THAT FALSE INFORMATION WILL CAUSE MY APPLICATION TO BE REJECTED WITHOUT NOTIFICATION.

I FURTHER UNDERSTAND THAT DELIVERY WILL BE ON FRIDAY, DECEMBER 18, 2020, BETWEEN 9:00 A.M. AND 12 NOON AND THAT SOMEONE 18 YEARS OF AGE OR OLDER MUST BE HOME TO RECEIVE DELIVERY. FAILURE TO BE AT HOME DURING DELIVERY HOURS WILL FORFEIT YOUR GIFTS.

Signature of Applicant

Date

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DELIVERED BY: _____ RECEIVED BY: _____