

WORTH TOWNSHIP YOUTH COMMISSION

Kevin M. Hughes
Supervisor

Katie Elwood
Clerk

John H. Dietrick
Assessor



Trustees

Michael Mahoney
Patrick Hanlon
Richard Lewandowski
Theresa Roche

Edward Moody
Highway Commissioner

Worth Township Youth Commission "2016" Christmas Care Program Application Form

The Worth Township Christmas Care Program is made possible by generous donations from local businesses, civic groups, elected officials, churches and private families to help those with financial difficulty with assistance for items for their children during the holidays. In order to qualify for this program you must live in Worth Township.

PLEASE NOTE: THE PROGRAM IS LIMITED TO CHILDREN AGE 14 AND UNDER

You must complete the application and bring in your Driver's License or State I.D., a birth certificate for each child receiving toys and a utility bill showing your current address. All documents must be valid and have the current address listed. All documents will be verified and all documents will be returned.

Return this completed application with the appropriate documents in person to:
Worth Township Youth Commission, 11601 South Pulaski, Alsip, IL 60803

APPLICATIONS WILL NOT BE ACCEPTED BY MAIL.

**Applications will be accepted
Nov. 14th through Dec. 9th
MONDAY - FRIDAY from 8:30am - 4:30PM ONLY**

You will be notified of a date and time for pick-up. **Pick up will be during the week of December 12th through December 21st by appointment only.** Applicants must pick up items in person and must show identification. No exceptions. If your phone number has changed, please make sure you notify our office so we may contact you.

11601 S. Pulaski Road ~ Alsip, IL 60803 ~ 708-371-2900 ~ Fax: 708-371-2144
www.worhtownship.com
youthcommission@worhtownship.com

CHRISTMAS CARE APPLICATION FORM

Name: _____

Address: _____

Town/City: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Please add your email address if you would like updated information about other programs we offer here at the Worth Township: _____

Can we give out your information to families who would like to "Adopt" and may deliver items to your home? _____

How did you find out about our "Christmas Care" Program? _____

This program is limited to children ages 14 and under

Child\Childrens' Names:

1. _____ Age: _____ Male \ Female Sizes: _____

2. _____ Age: _____ Male \ Female Sizes: _____

3. _____ Age: _____ Male \ Female Sizes: _____

4. _____ Age: _____ Male \ Female Sizes: _____

5. _____ Age: _____ Male \ Female Sizes: _____

6. _____ Age: _____ Male \ Female Sizes: _____

7. _____ Age: _____ Male \ Female Sizes: _____

Name

Date

For Office Use Only:

For Verification and Township Residency:

D.L. Number/State I.D. Number _____

Utility Bill _____ Birth Certificate _____

Verified by _____