



2023

I understand that in order to qualify for the Toys for Tots program, I must receive assistance from one or more of the following agencies or programs listed below. I also understand that I may be required to provide proof that I am enrolled in one or more of these programs. **Note: Applicant must initial at least one.**

☐ SOCIAL SECURITY ☐ UNEMPLOYMENT ☐ SNAP (FOOD STAMPS) ☐ SSI/SSDI ☐ TANF/WELFARE
☐ ALIMONY/CHILD SUPPORT ☐ MEDICAL CARD
☐ OTHER (MUST SPECIFY)

Applicant's information: (Please print clearly or type)

Name: _____ Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Child's Information: (Please print clearly or type)

1. Child's full name: _____ ☐ BOY ☐ GIRL AGE: _____
Date of Birth: _____ Special Needs? ☐ YES ☐ NO
2. Child's full name: _____ ☐ BOY ☐ GIRL AGE: _____
Date of Birth: _____ Special Needs? ☐ YES ☐ NO
3. Child's full name: _____ ☐ BOY ☐ GIRL AGE: _____
Date of Birth: _____ Special Needs? ☐ YES ☐ NO
4. Child's full name: _____ ☐ BOY ☐ GIRL AGE: _____
Date of Birth: _____ Special Needs? ☐ YES ☐ NO

** If you have more than four (4) children, fill out an additional application and staple the rest together before submitting your application. **

I understand that the information is true and complete to the best of my knowledge. I also understand that providing false information will result in my application being rejected and I will not be able to participate in the Toys for Tots program.



Parent's signature and date

Verifier's name/signature and date

Visit <https://lafayette-la.toysfortots.org/> for the email address of your parish Toys for Tots Coordinator!