APPLICATION DEADLINE: NOVEMBER 8, 2025

2025 Hanson Community Christmas Application

FAMILY APPLICATION

THIS APPLICATION AND ALL REQUIRED QUALIFICATION DOCUMENTATION must be submitted to:

Hanson Community Christmas
P.O. Box 243, Hanson, MA 02341
Hansoncommunitychristmas@gmail.com

Once we receive your application, we will email you an ID # and provide pick-up information.

QUALIFICATIONS (BOTH must be provided):

- ✓ **Proof of Hanson residency (i.e. current utility bill showing your name and address, lease, rent receipt, tax bill), must be recent (within last 60 days)**
- ✓ **Proof of Income & dependents – Page 1 of most recent tax return (remove social security information). Only dependents residing with you should be included in this application.**

Applications missing this information will not be considered.

We strive to fulfill all requests for assistance. Priority will be given to those who demonstrate the greatest need.

Contact Name: _____

Cell Phone: _____

Address: _____

Email: _____

Please tell us about your household: # of Adults ____ # of Children ____

Age/gender of **everyone** in household:____

Please check if you receive assistance from other sources, please indicate below:

☐ SNAP ☐ Food Pantry ☐ Fuel Assistance ☐ Church

☐ Social Security ☐ Veteran ☐ Other_____ (Please specify)

Have you applied for or anticipate receiving gift assistance from any other sources? _____

Would you like assistance purchasing a live Christmas tree? ☐ Yes ☐ No

Please write a brief statement about your family's situation so we can best assist you.

_____

_____

_____

HOUSEHOLD NEEDS: Please be specific in listing items your household may need (include sizes, color, brand etc.).

- ☐ Winter Clothing (Size, including adult or child)_____
- ☐ Bedding (Size & Color or Character)_____
- ☐ Towels_____
- ☐ Pet Needs (Pet type, specific need)_____
- ☐ Personal Hygiene Items (Brand/scent preference)_____
- ☐ Blankets_____
- ☐ Other: _____

Please complete the information below for each child.

- ***Clothing: Please specify any color preferences and children's sizes from adult sizes.***
- **Gift Requests:** List ONE specific gift that your child would like (should be < $100 value)
- **Interests/Hobbies:** Please let us know of there are TV shows, cartoons, books crafts, sports or activities
- **Video Games:** Requests MUST include the gaming system name and version
- **Makeup Requests:** Please BE SPECIFIC with brand, shade, and skin tone as applicable.
- **For Teens:** Please indicate if they have a car or if there are any stores they prefer.

Suggestions: Here are some ideas to help you think of what your child may enjoy.

INFANT		ELEMENTARY		TWEENS & TEENS	
• Books	• Clothing	• Books	• Clothing	• Books	• Clothing
• Characters	• Bath Toys	• Characters	• Legos	• Sports	• Legos
• Blankets	• Teethers	• Games	• Puzzles	• Fitness Items	• Make-up
• Educational Toys		• Arts & Crafts	• Sports	• Board/Card Games	• Arts & Crafts
• Stuffed Animals		• Dolls / Action Figures		• Self-Care Items	
• Ride-On / Push Toys		• Building Toys		• Accessories (jewelry, hats)	

Please also indicate things they DON'T WANT/NEED to help guide our shoppers: i.e. colors, characters, or something they have too much of

CHILD #1 — Age: — Gender: — Grade:

SPECIFIC GIFT REQUESTED:_____(<$100)
(Please be specific: toy name, brand, character, etc.)

Essentials: Check what would be helpful for your child and add size or details.

- ☐ Bedding(size, color or character)_____
- ☐ Winter Clothing(size: kids or adult, color)_____
- ☐ Boots(size: kids, youth, or adult)_____
- ☐ Hat/Gloves(size)_____

Clothing Sizes
Circle Child or Adult Sizing

Top: _____ C/A

Bottom: _____ C/A

Shoe: _____ C/A

Interests/Hobbies:_____

Special Notes (e.g., allergies, sensory issues):_____

Things They Already Have or Don't Want:_____

CHILD #2 — Age: — Gender: — Grade:

SPECIFIC GIFT REQUESTED:_____(<$100)
(Please be specific: toy name, brand, character, etc.)

Essentials: Check what would be helpful for your child and add size or details.

- ☐ Bedding(size, color or character)_____
- ☐ Winter Clothing(size: kids or adult, color)_____
- ☐ Boots(size: kids, youth, or adult)_____
- ☐ Hat/Gloves(size)_____

Clothing Sizes
Circle Child or Adult Sizing
Top: _____ C/A
Bottom: _____ C/A
Shoe: _____ C/A

Interests/Hobbies:_____

Special Notes (e.g., allergies, sensory issues):_____

Things They Already Have or Don't Want:_____

CHILD #3 — Age: — Gender: — Grade:

SPECIFIC GIFT REQUESTED:_____(<$100)
(Please be specific: toy name, brand, character, etc.)

Essentials: Check what would be helpful for your child and add size or details.

- ☐ Bedding(size, color or character)_____
- ☐ Winter Clothing(size: kids or adult, color)_____
- ☐ Boots(size: kids, youth, or adult)_____
- ☐ Hat/Gloves(size)_____

Clothing Sizes
Circle Child or Adult Sizing
Top: _____ C/A
Bottom: _____ C/A
Shoe: _____ C/A

Interests/Hobbies:_____

Special Notes (e.g., allergies, sensory issues):_____

Things They Already Have or Don't Want:_____

CHILD #4 — Age: — Gender: — Grade:

SPECIFIC GIFT REQUESTED:_____(<$100)
(Please be specific: toy name, brand, character, etc.)

Essentials: Check what would be helpful for your child and add size or details.

- ☐ Bedding(size, color or character)_____
- ☐ Winter Clothing(size: kids or adult, color)_____
- ☐ Boots(size: kids, youth, or adult)_____
- ☐ Hat/Gloves(size)_____

Clothing Sizes
Circle Child or Adult Sizing
Top: _____ C/A
Bottom: _____ C/A
Shoe: _____ C/A

Interests/Hobbies:_____

Special Notes (e.g., allergies, sensory issues):_____

Things They Already Have or Don't Want:_____