



LIVE OAK POLICE DEPARTMENT
(210) 945-1700

APPLICATION FOR BLUE SANTA PROGRAM 2024

**APPLICANT MUST LIVE WITHIN THE CITY LIMITS OF
LIVE OAK DEADLINE FOR SUBMISSION: 5:00 P.M. DECEMBER 2ND**

FOR OFFICE USE ONLY
Date received _____
Received by _____

You will be notified by Wednesday, December 4th if your application for the program is approved. Please understand that submitting the application is not an automatic acceptance for assistance. Gifts will be distributed on Saturday, December 14th at 11:00 a.m. in the Live Oak Justice Center. Children must accompany their parents or guardian.

Parent's Last name: _____ Parent's First name: _____ Middle initial _____ DOB: _____/_____/_____

Address: _____ Apt. No. _____

Primary Phone No.: _____ Alternate Phone No.: _____

Spouse (living in home): _____

Proof of Residence: Utility Bill Other _____

Have you applied or do you plan to apply at any other helping organization for assistance this holiday season? ___Yes ___No

Where? _____

People living in the home: List the names of all adults and children 14 and older living in the home.

No. of adults: _____ No. of children 14 or older: _____

- | | |
|----------|----------|
| 1) _____ | 1) _____ |
| 2) _____ | 2) _____ |
| 3) _____ | 3) _____ |

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

NAME OF CHILD (FIRST & LAST NAME)	DATE OF BIRTH	AGE	SEX M / F	SCHOOL NAME	GRADE
1.					
2.					
3.					
4.					
5.					
6.					

PLEASE EXPLAIN WHY YOU ARE REQUESTING ASSISTANCE: _____

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

I FURTHER UNDERSTAND THAT WRAPPED GIFTS WILL BE DISTRIBUTED ON **SATURDAY, DECEMBER 14th** AT 11:00 a.m. AT THE LIVE OAK JUSTICE CENTER, 8022 SHIN OAK DRIVE, LIVE OAK. **CHILDREN MUST ACCOMPANY PARENT.**

Signature of Applicant Date