



FAMILY # SHOPPER	APPLICANT INFORMATION	
Last Name:	Parent First Name:	
Parent #2 Last Name	First	
Street Address:		
City: IPSWICH	Home Phone:	Cell Phone:
Email Address:		
Please circle the best way(s) for us to get a hold of you.                      Phone                      Email		
Please list your employer:		
Please list your spouse's employer:		
Please circle your marital status:		
Married    Divorced    Single, living alone    Single, living w/relatives    Single, living w/significant other    Widowed		

**INCOME & EXPENSES: THIS SHOULD REFLECT THE AMOUNT YOU HAVE MADE & SPENT THE PAST MONTH. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

Income Description	Monthly Amount	Monthly Expenses	Monthly Amount
1 <sup>st</sup> Income	\$	Rent or Mortgage	\$
2 <sup>nd</sup> Income	\$	Utilities (gas, electric, water, cable, etc.)	\$
Public Assistance: Food Stamps, SS, SSI, etc.	\$	Car payment	\$
Unemployment	\$	Phone & Cell Phone	\$
Child Support	\$	Child Care	\$
Pension	\$	Medical (co-pay, RX, etc.)	\$
	\$		\$
	\$	Other	\$
<b>TOTAL:</b>	<b>\$</b>	<b>TOTAL:</b>	<b>\$</b>

**QUESTIONS**

Do you have legal full-time guardianship over all of the children for whom you are applying? If no, please explain here:	YES	NO
--	-----	----

Have you ever applied for help from Ipswich Caring before?	YES	NO
--	-----	----

Does anyone besides your children and spouse live at the address provided?      YES      NO

If my application is accepted for the holiday program, I'd like to also enroll my child(ren) in the

- |                               |     |    |
|-------------------------------|-----|----|
| Birthday Program              | YES | NO |
| Back to School Supply Program | YES | NO |

---



---

**CHILDREN'S INFORMATION – LIST ONLY CHILDREN UNDER THE AGE OF 18 OR WHO HAVE NOT GRADUATED HIGH SCHOOL.**

Please note that there is no guarantee that they will get the exact item(s) listed.

**NAME** **BIRTH DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_ **M F** **SCHOOL:** **GRADE:** **AGE:**

Pant Size: \_\_\_\_\_ Pant Fit: Slim Regular Plus Shirt Size: \_\_\_\_\_ Clothing sizes are: Kids Adult Favorite color: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Circle one size type: Toddler Kids Adult

Type of shoe needed most (circle one): sneakers dress fashion boots snowpants other \_\_\_\_\_

List 2-3 toy or gift ideas that cost under \$50 each:

List clothing items ( PJ's, slippers, hoodies, jeans, tops, etc ) your child needs:  
Any bedding needs?

**Does your child have a winter coat?** Yes No If no, size and desired color **Sz** \_\_\_\_\_ **Boots?** Yes no If no size \_\_\_\_\_

**NAME** **BIRTH DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_ **M F** **SCHOOL:** **GRADE:** **AGE:**

Pant Size: \_\_\_\_\_ Pant Fit: Slim Regular Plus Shirt Size: \_\_\_\_\_ Clothing sizes are: Kids Adult Favorite color: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Circle one size type: Toddler Kids Adult

Type of shoe needed most (circle one): sneakers dress fashion boots snowpants other \_\_\_\_\_

List 2-3 toy or gift ideas that cost under \$50 each:

List clothing items(PJ's, slippers, hoodies, jeans, tops, etc) your child needs:  
Any bedding needs?

**Does your child have a winter coat?** Yes No If no, size and desired color **Sz** \_\_\_\_\_ **Boots?** Yes no If no size \_\_\_\_\_

**NAME** **BIRTH DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_ **M F** **SCHOOL:** **GRADE:** **AGE:**

Pant Size: \_\_\_\_\_ Pant Fit: Slim Regular Plus Shirt Size: \_\_\_\_\_ Clothing sizes are: Kids Adult Favorite color: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Circle one size type: Toddler Kids Adult

Type of shoe needed most (circle one): athletic dress fashion boots snowpants other \_\_\_\_\_

List 2-3 toy or gift ideas that cost under \$50 each:

List clothing items(PJ's, slippers, hoodies, jeans, tops, etc) your child needs:  
Any bedding needs?

**Does your child have a winter coat?** Yes No If no, size and desired color **Sz** \_\_\_\_\_ **Boots?** Yes no If no size \_\_\_\_\_

**If you have additional children, please include on a separate page and attach.**

**PLEASE EXPLAIN TO US WHY YOU NEED ASSISTANCE.**

**DISCLAIMER AND SIGNATURE -- PLEASE RETURN THIS APPLICATION TO: IPSWICH CARING P O BOX 584 IPSWICH MA 01938**

By signing below, I am stating that the information I have given is correct. If this information is false, I understand that I could be denied Ipswich Caring assistance.

Signature of applicant:	Date:
Signature of spouse (if applicable):	Date: