

**APPLICATION FOR MCCLAIN COUNTY OPERATION CHRISTMAS 2020**  
**THE ABSOLUTE FINAL APPLICATION DEADLINE IS NOVEMBER 20, 2020.**

**Return completed application to Delta Community Action, 122 W. Main, Purcell, OK 73080**

**ATTACH PROOF OF INCOME**

Name and occupation of all adults living in house (use back of application for additional names)

Name: \_\_\_\_\_  
Last First Middle

Physical Address: \_\_\_\_\_ **MCCLAIN COUNTY ONLY**  
Street City and zip code County

Mailing Address: \_\_\_\_\_  
Street City and zip code

DHS Case Number, if any: \_\_\_\_\_ Receiving food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number to leave message: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Monthly income for household: \_\_\_\_\_

What school children attend? \_\_\_\_\_

Provide the total number of people living in ONE HOUSE: \_\_\_\_\_ For each child, provide the following:

	Name of Children	Date of Birth	Toy Preference (no electronics)	Age (indicate months if less than 2 years)	Sex	Shirt Size	Shoe Size
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____

I certify that my household income is no more than Operation Christmas Guidelines. By accepting this emergency Christmas food issuance, I release, acquit, discharge, and hold harmless Operation Christmas personnel and other contributors of and from any and all rights, claims, demand, and causes of action of every kind, including without limitation of the foregoing, all liabilities for damages of every kind, nature, or description now existing or which may hereafter arise from or in connection with food and personal property provided by Operation Christmas. I assume full responsibility for the personal use of all food and property. By my signature you are hereby authorized to give Operation Christmas 2020 information on my household for the purpose of receiving assistance.

**IF YOU HAVE A CHILD IN DIBBLE SCHOOLS, YOU WILL PICK UP YOUR BOX AT MIDWAY BAPTIST CHURCH, DIBBLE BETWEEN 3:30 P.M. AND 8:00 P.M.. IF YOU HAVE A CHILD IN BLANCHARD SCHOOLS, YOU WILL BE CONTACTED REGARDING WHEN AND WHERE TO PICK UP YOUR BOX. IF YOU HAVE A NEWCASTLE ADDRESS YOU WILL PICK UP YOUR BOX AT THE FIRST BAPTIST CHURCH IN NEWCASTLE. OTHERWISE, IF YOU QUALIFY YOU MAY PICK UP YOUR BOX AT THE PURCELL MULTI-PURPOSE CENTER LOCATED ON CHANDLER ROAD ADJACENT TO THE GOLF COURSE. THE PICKUP DATE IS DECEMBER 11, 2020, FROM 9:00 A.M. TO 4:00 P.M. UNCLAIMED BASKETS WILL BE DONATED TO OTHERS IN NEED. PLEASE BRING SOME FORM OF IDENTIFICATION TO CLAIM YOUR BOX.**

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**FOR ADMINISTRATION USE ONLY**

(DELTA fax number 527-6538)

Comments: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_