



## Holiday Program Referral Application

### General Information

This application is for you to refer a family for the Citrus Heights Holiday Referral Program. In order to refer a family, you must have firsthand knowledge of their circumstances. Applicants will be screened based on the details describing a recent hardship or distressed situation that has occurred over the last year. Please make sure to complete this form as accurately as possible.

### Eligibility Criteria

The family you are referring:

- Must be informed you are referring them
- Reside in the City of Citrus Heights
- Have an actual and specific need
- Have had a recent hardship or distressed event occurring over the last year (not just low income)

### Application Deadline and Submission Information

- Applications must be received no later than **Friday, November 15, 2019**
- Applications may be submitted by completing the application and:
 

<ul style="list-style-type: none"> <li>- Faxing : (916) 727-5968</li> <li>- Emailing: <a href="mailto:holidayreferral@citrusheights.net">holidayreferral@citrusheights.net</a></li> </ul>	<ul style="list-style-type: none"> <li>- Mailing or Dropping off at:                Citrus Heights Police Department                Attn: Holiday Referral Program Coordinator                6315 Fountain Square Drive                Citrus Heights, CA 95621</li> </ul>
---	---

### Referring Party Information

First and Last Name	Work Phone
Mobile Phone	House Phone
Best Number to Reach You	Email Address
<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> House	
Occupation	Employer
Relationship to Family	How Long Have You Known the Family?

Have you referred this family for other resources this year?

<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, List Those Resources:
--	-------------------------------

### POLICE USE ONLY

Selection Date	Rating	Exec. Review	Status
	1   2   3   4   5		<input type="checkbox"/> Adopt <input type="checkbox"/> Shop <input type="checkbox"/> Deny
Adopter Number (if applicable)	Application Number	Pick-Up Time	Other
		9:00 AM   10:30 AM	<input type="checkbox"/> Delivery <input type="checkbox"/> Extra <input type="checkbox"/> Food Basket Only



**Ronald A. Lawrence, Chief of Police**

**Referred Family Information**  
 (Attach Additional Sheets if Necessary)

Adult Name	Relationship to Children	Date of Birth	Age	Gender
Adult Name	Relationship to Children	Date of Birth	Age	Gender

Address:		City and Zip Code		
Contact Phone Number(s):		Primary Language(s) Used in Household:		

**Please provide a detailed description of why you believe this family is eligible for the program. Note: You must have personal knowledge of the family's distressed situation or recent hardship occurring in the last year. In general, we may not consider a family merely because they are in a food program or of low income. It is important to provide specific details that will assist us in our selection process.**




**Family Wish List**

(Attach Additional Sheets if Necessary)

Adult Information:			Adult Information:		
Adult # 1 Name:			Adult # 2 Name:		
Gender:	Date of Birth:	Age:	Gender:	Date of Birth:	Age:
Other Information:			Other Information:		
Shirt Size:	Shoe Size:		Shirt Size:	Shoe Size:	
Jacket Size:	Pant Size:		Jacket Size:	Pant Size:	
Height:	Favorite Color:		Height:	Favorite Color:	
Other:			Other:		
Needs:			Needs:		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
Child Information:			Child Information:		
Child # 1 Name:			Child # 2 Name:		
Gender:	Date of Birth:	Age:	Gender:	Date of Birth:	Age:
Other Information:			Other Information:		
Shirt Size:	Shoe Size:		Shirt Size:	Shoe Size:	
Jacket Size:	Pant Size:		Jacket Size:	Pant Size:	
Height:	Weight:		Height:	Weight:	
Favorite Color:	Favorite Animal:		Favorite Color:	Favorite Animal:	
Favorite Character:			Favorite Character:		
Other Interests:			Other Interests:		
Needs:			Needs:		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		



**Family Wish List (Continued)**

Child Information:			Child Information:		
Child # 3 Name:			Child # 4 Name:		
Gender:	Date of Birth:	Age:	Gender:	Date of Birth:	Age:
Other Information:			Other Information:		
Shirt Size:	Shoe Size:		Shirt Size:	Shoe Size:	
Jacket Size:	Pant Size:		Jacket Size:	Pant Size:	
Height:	Weight:		Height:	Weight:	
Favorite Color:	Favorite Animal:		Favorite Color:	Favorite Animal:	
Favorite Character:			Favorite Character:		
Other Interests:			Other Interests:		
Needs:			Needs:		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
Child Information:			Child Information:		
Child # 5 Name:			Child # 6 Name:		
Gender:	Date of Birth:	Age:	Gender:	Date of Birth:	Age:
Other Information:			Other Information:		
Shirt Size:	Shoe Size:		Shirt Size:	Shoe Size:	
Jacket Size:	Pant Size:		Jacket Size:	Pant Size:	
Height:	Weight:		Height:	Weight:	
Favorite Color:	Favorite Animal:		Favorite Color:	Favorite Animal:	
Favorite Character:			Favorite Character:		
Other Interests:			Other Interests:		
Needs:			Needs:		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		