



FAMILY TOY APPLICATION
(Ellis County (TX) Campaign - 2024)

Date of Request: _____

Agency Accepting the Application: _____

Date Agency Forwarded the Application: _____ (No Later Than Dec. 11, 2024)

Family Contact Information:

Contact's Full Name (First & Last): _____

Relationship to Child(ren): ___ Parent ___ Custodial Guardian ___ Legal Guardian

Physical Street Address: _____

City: _____ Zip: _____ Preferred Language: _____

Contact Phone: _____ Text: Y / N (Circle One) Email: _____

Alternate Contact Name: _____ Phone: _____

Relationship to Child(ren): ___ Parent ___ Custodial/ Legal Guardian ___ Other: _____

The Primary Family Contact MUST agree to the following terms:

- 1. Toys donated by the Marine Toys for Tots program will not be auctioned, sold or otherwise turned over for monetary donations.
2. Toys donated by Toy for Tots will not be taken out of the state for distribution.
3. All families applying for assistance MUST reside in Ellis County (with some exceptions).
4. Ages must be verified by a birth certificate or other official means.
5. Families seeking assistance from Toys for Tots must not be seeking assistance from other such programs.
6. Bicycles/scooters will only be distributed if available. Checking the box below reflects interest only.
7. I understand any violation of this agreement will result in disqualification from future donations to the family and/or the Agency Partner.

By checking the following box, I agree to the terms as provided: [] Family Primary Contact

Additional Notes:

Names and Ages of Children: (Full names are required unless prior permission is granted. Must Be 14 Years Old or Less)

Name: _____	DOB: _____	Age: _____	M	F	(Bicycle or Scooter) <input type="checkbox"/>
Name: _____	DOB: _____	Age: _____	M	F	<input type="checkbox"/>
Name: _____	DOB: _____	Age: _____	M	F	<input type="checkbox"/>
Name: _____	DOB: _____	Age: _____	M	F	<input type="checkbox"/>
Name: _____	DOB: _____	Age: _____	M	F	<input type="checkbox"/>
Name: _____	DOB: _____	Age: _____	M	F	<input type="checkbox"/>
Name: _____	DOB: _____	Age: _____	M	F	<input type="checkbox"/>
Name: _____	DOB: _____	Age: _____	M	F	<input type="checkbox"/>
Name: _____	DOB: _____	Age: _____	M	F	<input type="checkbox"/>

(Please use a separate sheet for additional children. Circle M or F for each child's gender.)

The Agency Partner will forward this application to the **Ellis County Toys for Tots Campaign** via the Google Form link for approval. The Campaign has the final say on ALL approval or denial decisions. The primary family contact will be emailed when their application is processed (i.e., approved, denied, etc.). If the contact does not have an email, the Agency Partner's email address should be used. The Nonprofit Agency will be contacted by **the Campaign** with approval confirmation and distribution information for all family toy applications received. If you have any questions, please contact **the Campaign** by email at ellis.county-tx@toysfortots.org.

(For Agency Partner Use Only)

Gender & Age verified for all children: Y / N (Circle One) / **Total # Verified:** _____
 (Please Note Exceptions Below)

Recommended For Approval? Y / N (Circle One) / **Reason:** (If Applicable) _____

Additional Notes: