



## PLEASE PRINT

PARENT Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate/Message Phone: \_\_\_\_\_

Email: \_\_\_\_\_

TOTAL # dependents (children) in the household: \_\_\_\_\_

What is your household's total **monthly** income before taxes? \$ \_\_\_\_\_

*\*You are required to include EVERYONE who lives in the home.*

Check all that apply to your family:

☐ Medicaid ☐ Food stamps ☐ Hoosier Healthwise ☐ TANF

☐ Free/Reduced Lunch: Verified by: \_\_\_\_\_

**YOU MUST PROVIDE PROOF OF NEED.** This can be a letter from the Family & Social Services Administration explaining benefits received or a signature from your child's school (above) verifying eligibility for free or reduced cost lunch. *Your application will not be reviewed without one of these verifications.*

*By signing below, I give permission for my family's name and information to be given to the sponsoring organization for the sole purpose of providing assistance during this holiday season. I understand that filling out this form does not guarantee that my children will receive Christmas gifts. I have read the guidelines and instructions located to the right.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## REINdear Fees

- There is a **\$5.00** application fee PER CHILD. \$5.00 extra late fee per application.
- Payment **must** be paid to the Youth Service Bureau (808 W Pike St, Crawfordsville).
  - Payments will not be accepted at any other location.
  - **PUT ALL ITEMS AND FEE IN ENVELOPE, THEN PUT IN BLACK MAILBOX ON FRONT PORCH OF YSB!**
- If you are unable to pay the application fee, you must complete one hour of volunteer work per child.
  - This volunteer work must be done at a non-profit organization or local church.
  - If you need help identifying a place, please pick up a list from the YSB.
- All payment or verification of volunteer hours must be turned in to the YSB no later than Friday, December 5, 2025.
- Your fee MUST be turned in with the application! A copy of verification MUST be as well. (copy of Medicaid card, food stamps card, etc..)
- WE MUST HAVE A RELIABLE WAY TO CONTACT YOU!  
Please notify REINdear of any changes in phone or address.

**\*\*Please return this form by October 6, 2025 to the agency or school you received it from.** Fees and volunteer hours must be handled through the YSB.

Thank you, *The REINdear Program*

### For office use only:

Amount Due: \$ \_\_\_\_\_ ☐ Volunteer Hours Turned In

Amount Received: \$ \_\_\_\_\_ Received By: \_\_\_\_\_

Date entered in database: \_\_\_\_\_

Entered by: \_\_\_\_\_ ☐ Union Township

Referral Source: \_\_\_\_\_ YSB \_\_\_\_\_

***PLEASE PUT CHILD'S FIRST AND LAST NAME!***

Child Name	Age	Gender	Interests	Wishes (be specific)	Favorite Color(s)	Shirt Size	Pants Size	Shoe Size	Clothing Needed
<i>SAMPLE: John Smith</i>	<i>8</i>	<i>Male</i>	<i>Soccer, Nascar, wrestling</i>	<i>Remote control car, skateboard</i>	<i>Green</i>	<i>6/8 boys</i>	<i>8 slim boys</i>	<i>5 youth</i>	<i>Winter coat, pants, shoes</i>