Holiday Application

Date:			**Referred By:**	L.I.P.I. Website			
Application:	☐ Salvation	☐ S. Fund ☐ SNHC	**Program #:**		**Zone #:**		
Household Type:	☐ Single ☐ Lone Parent ☐ Couple Without Children ☐ Couple With Children ☐ Outreach/C.E.						
First Name:			**Phone Number:**				
Last Name:			**Status:**	☐ Y ☐ N	**Veteran:**	☐ Y ☐ N	
Date of Birth (D/M/Y):		☐ Male ☐ Female	**Aboriginal:**	☐ Y ☐ N	**Canadian:**	☐ Y ☐ N	
Partner First Name:			**Phone Number:**				
Partner Last Name:			**Status:**	☐ Y ☐ N	**Veteran:**	☐ Y ☐ N	
Date of Birth (D/M/Y):		☐ Male ☐ Female	**Aboriginal:**	☐ Y ☐ N	**Canadian:**	☐ Y ☐ N	
Address:	☐ Pick Up ☐ Delivery		**City/Prov:**				
			Postal:				
			Landlord:				

Name:	Relation:	Gender:	DoB:	Age:	Custody:	Canadian:	Aborig:
1		☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
2		☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
3		☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
4		☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
5		☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
6		☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
7		☐ M ☐ F			☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

Income			Expenses		
☐ Employment	$ -		Rent/Mortgage:	☐ Rent	☐ Mortgage
☐ CCB	$ -		Rent/Mortgage:	$ -	
☐ OW	$ -		Heating Source:		
☐ ODSP	$ -		Basic Needs:	$ -	
☐ EI	$ -		Hydro:	$ -	
☐ OAS	$ -		Gas:	$ -	
☐ CPP	$ -		Water:	$ -	
☐ OTB:	$ -		? :	$ -	
☐ Other:	$ -		? :	$ -	
☐ Other:	$ -		? :	$ -	
Total Income:	$ -		**Total Expenses:**	$ -	

Difference: $0

Proof of Custody:		**Orgs Involved:**	

Other's Who May Apply ? (Same Children)

Full Name:		**Relation:**	
Full Name:		**Relation:**	
CHECKED HISTORY:	☐ NONE ☐ ATTACHED	**DATE:**	
RECOMMENDATION:		**REVIEWER:**	

INTAKE BY | **[ ]**