

## West Valley Community Services' Holiday Program 2020 HOLIDAY PROGRAM REGISTRATION FORM

Join us as we celebrate the holidays! In order to submit registration, you must complete the following forms.

Head	of Household Name:				
Email	:				
Phone	e Number:				
Cell P	Cell Phone Number: *Text?: Yes /				
Prefe	rred Contact Method (Pick Or	Call			
Language Preferred:					
<u>Questionnaire</u>					
1.	We are a/an (Pick One):				
	Household with Kid(s)	Household withou	ıt Kid(s)	Individual	
2.	We are from				
3.	We use WVCS because (Check all that apply)				
	Special Programs	Food Pantry	RYDE		
	Challenge Diabetes Financial Assistance		sistance		
4.	How has the pandemic affected your family?				
5.	In the New Year, we HOPE for				
	<u>Thank</u>	<u>sgiving Basket Pro</u>	<u>gram</u>		
The p	ick up date for the event will b	e on Saturday, Nove	ember 21st, 2	020.	
Would you like to participate in the Thanksgiving Basket Program? YES NO					



## <u>Gift Of Hope Program</u>

List your household members (List Below)

неаа от г	Household Name:			
Family W	ishlist (Household Items):			
Age:	Personal Wishlist:			
Family M	ember Name:	Family Member Name:		
Age:	Wishlist:	Age: Wishlist:		
Family M	ember Name:	Family Member Name:		
Age:	Wishlist:	Age: Wishlist:		
Family M	ember Name:	Family Member Name:		
Age:	Wishlist:	Age: Wishlist:		
		ER OF INFORMED CONSENT		
		<u>ONSENT</u>		
	_ (Yes/No) *I hereby consent to tex	· ·		
		on or information about workshops, fairs,		
events, s	surveys, case management, or appo	ointment reminders. Generally, messages		
will be le	ess than 3 per month. Frequency w	vill increase if you sign up for Special		
Program	s and/or text your case manager.	Standard messaging and data rates may		

apply. You may opt out at any time by replying "STOP".