Assistance Request Form

(All questions must be answered completely)

Referring Agency or Organization: _____

Agency's Contact Person: _____ **Ph:** _____

Is your agency participating in any other toy drive? ____ yes or ____ no

Family's Name: Last: _____ **First:**_____

What services is your agency currently assisting this family with? (Please check all that apply)

_____ rent/mortgage
_____ electric/utility
___Christmas assistance (toys or food)
___ Other _____

Total Number of Children in Family: _____

Gender:		**Gender:**	
____ boy	age____	____ girl	age____
____ boy	age____	____ girl	age____
____ boy	age____	____ girl	age____
____ boy	age____	____ girl	age____
____ boy	age____	____ girl	age____

Maximum number of requests an agency can submit: **20**

Deadline to submit requests: **Friday, December 11, 2009, by 5 p.m.**

Request Forms can be dropped off at the Children's Alliance office, 3482 N.W. 10th St., Ocala, FL 34475, from 8 a.m. to 4 p.m. Monday – Friday or faxed to (352) 438-5994.

**Toys will be distributed by appointment only: Wednesday, December 16 – 18, 2009.

Agencies/Organizations with representatives that "actively" serve on the Family Violence Prevention Workgroup will receive priority.

Please call Monica Bryant at **(352) 438-5993** or go to www.breakthesildenceonviolence.org for more information.