Loudon Helping Hands Program

APPLICATION:

Applicant Name:

Address:

Phone number:

e-mail:

For every person(s) living in household, please fill in the necessary information below. Add additional to the back of this application or include additional pages if needed– if multiple families live in one house, please do one application for each family):

First name: Age:

Clothing needs & sizes (include favorite color(s):

Interests/Activities/wants (ie: trucks, puzzles, dolls, etc):

Is there any additional information you would like to share for needs?

First name: Age:

Clothing needs & sizes (include favorite color(s):

Interests/Activities/wants (ie: trucks, puzzles, dolls, etc):

Is there any additional information you would like to share for needs?

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