



RIVERA MEMORIAL FOUNDATION, INC.

186 Cherry Street
Waterbury, CT 06702
www.rmfinc.org



FOR OFFICE USE ONLY

BAG # _____

Toys for Tots Application Form

We recognize that this holiday season is an exceptionally challenging one. With the help of the US Marine Corps Reserve Toys for Tots Program, we hope to be able to help to meet the needs of anyone who truly needs it. **We ask that you not apply for our program if you are already receiving assistance from another charitable organization to provide toys for your children.**

**** Please Note. Each child's full name, date of birth, and sex must be completely filled. We must have a working contact number or email address. The organization only has toys available for children 0-15 years of age. Any application NOT filled out in full WILL BE REJECTED. ONE APPLICATION PER FAMILY ONLY.****

Name _____ Contact # (_____) _____ - _____

Please contact me by email: _____

Child's Name	Birth date	Age	Sex (M/F)
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
#4 _____	_____	_____	_____
#5 _____	_____	_____	_____

*Proof of the number of children and guardianship will be required(This must be verified by providing RMF with a copy of one of the following items: Insurance/Medicaid Card for each child, Birth Certificate for each child, or social security card for each child). A copy of this information will be made for our file. **Only the parent(s) or legal guardian will be allowed to request toys and pick-up the items being provided by RMF/Toys for Tots. ***A valid picture ID will be needed at the time of pick-up.

Application is due by December 10. Please do not hesitate on returning your application as we can only help a limited amount of families and children.

If you have questions, please contact the Rivera Memorial Foundation at (475)235-3182 or info@rmfinc.org or fax at (203)596-1205.

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Signature of Toy Receipt _____ Date _____ Staff Initials _____



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This information will be used to complete reporting for grant purposes only. The information provided on this form is pertinent for future funding of this program. If this program is for persons under the age of eighteen, this questionnaire must be filled out by parent or legal guardian. **THIS INFORMATION IS STRICTLY CONFIDENTIAL.**

Program Name: **Toys for Tots**

1. **Have you used this program, and completed an Intake Form, since October 1st of the current year?**
 Yes: _____ No: _____ (If you answered **yes**, please **do not** complete the rest of this questionnaire).

2. **Marital Status:** Single: _____ Married: _____ Divorced: _____ Widowed: _____

3. Please **circle** the total number of people in your family and **circle** your total annual income under the family column.

	1 person family	2 person family	3 person family	4 person family	5 person family	6 person family	7 person family	8 person family
A	\$0 - \$17,400	\$0 - \$19,850	\$0 - \$22,350	\$0 - \$24,800	\$0 - \$26,800	\$0 - \$28,800	\$0 - \$30,800	\$0 - \$32,750
B	\$17,401- 28,950	\$19,851 - 33,050	\$22,351- 37,200	\$24,801- 41,300	\$26,801- 44,650	\$28,801- 47,950	\$30,801- 51,250	\$32,751- 54,550
C	\$28,951- 45,100	\$33,051 - 51,550	\$37,201- 58,000	\$41,301- 64,400	\$44,651- 69,600	\$47,951- 74,750	\$51,251- 79,900	\$54,551- 85,050
D	\$45,101 & UP	\$51,551 & UP	\$58,001 & UP	\$64,401 & UP	\$69,601 & UP	\$74,751 & UP	\$79,901 & UP	\$85,051 & UP

4. **ETHNICITY**

ARE YOU OF LATINO/HISPANIC DESCENT? YES: _____ NO: _____

Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

5. **RACE**

PLEASE CHECK ONE OF THE FOLLOWING CATEGORIES REGARDING YOUR RACE:

White: _____ Black: _____ Asian: _____ American Indian/Alaskan Native: _____
 Native Hawaiian/ Other Pacific Islander: _____ Other (Multi-Racial): _____

6. **Physical Disability:** Please select Yes ___ or No ___