Phases Family Support Christmas Gift Application

Application Form for Holiday Assistance

About the Program

Phases Family Support is dedicated to spreading joy during the holiday season by providing Christmas gifts to children and families in need. If you or someone you know could benefit from this program, please complete the application form below. All information will remain confidential and will only be used to determine eligibility for our Christmas gift assistance.

Applicant Information

Full Name:	_____
Address:	_____
City/State/Zip:	_____
Phone Number:	_____
Email Address:	_____

Household Information

Initials	Age	Gender	Relationship to Applicant	Clothing Size
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____

_____	____	_____	_____	_____
_____	____	_____	_____	_____

Gift Preferences

Please list the top three interests, hobbies, or specific gift requests for each child in your household (e.g., books, dolls, sports equipment):

1. Child's Initials and Age: _____ | Request 1: _____ | Request 2: _____ | Request 3: _____
2. Child's Initials and Age: _____ | Request 1: _____ | Request 2: _____ | Request 3: _____
3. Child's Initials and Age: _____ | Request 1: _____ | Request 2: _____ | Request 3: _____
4. Child's Initials and Age: _____ | Request 1: _____ | Request 2: _____ | Request 3: _____
5. Child's Initials and Age: _____ | Request 1: _____ | Request 2: _____ | Request 3: _____
6. Child's Initials and Age: _____ | Request 1: _____ | Request 2: _____ | Request 3: _____
7. Child's Initials and Age: _____ | Request 1: _____ | Request 2: _____ | Request 3: _____
8. Child's Initials and Age: _____ | Request 1: _____ | Request 2: _____ | Request 3: _____

Additional Information

Are you receiving assistance from any other programs or organizations this holiday season? _____

What circumstances contributed to your family's situation this holiday season? Example: illness, job loss, etc.

_____

_____

_____

_____

Agreement and Signature

By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that completing this application does not guarantee assistance, and that gift availability is based on donations and program capacity.

Signature:	_____
Date:	_____

Submission Instructions

- Please submit this application by **11/21/2025**.
- Return completed forms to: help@phasesfamilysupport.org or mail to PO Box 390 Avon, MN 56310

*Gifts can be picked up **12/19/2025-12/22/2025.** All items must be picked up at our office in Avon unless prior arrangements are made. Thank you for allowing us to be a part of your holiday season!