



Angel Tree Application

What is Angel Tree

The Angel Tree Program will assist families in Hastings, Northumberland, and Prince Edward County, who need some holiday magic. The holiday season can be a difficult time for many families to navigate financially, with many having to choose between food, necessities, and giving their children the holiday, they deserve. The Children's Foundation believes that should not be a concern for our local families and every child and youth deserves to feel special. The Children's Foundation takes the wish lists of children and youth and delivers in directly to elves to fulfill their every wish.

If families need additional support, such as food, clothing, snowsuits, boots, etc., they are encouraged to include what they need, and The Children's Foundation will assist in finding the resources.

We are asking the community to 'adopt' an angel and provide them with clothing, toys, and things off their Wishlist values at approximately \$75-\$100 or provide a financial contribution (\$75-\$100 per angel) so our elves can do the shopping on their behalf!

Item donations can only be accepted as new (no used items) and dropped off at The Children's Foundation, 363 Dundas St. W Belleville, Monday-Friday 9 am – 3 pm.

Click the angel above, drop by our office, or email tcf@highlandshorescas.com to find your angel! Please contact ahead of time if you plan on visiting in person.

Please make donations by cheque payable to The Children's Foundation. A charitable receipt can be issued upon request. Donations by the link above, cash, debit, credit, or e-transfer are all accepted as well.

Because of you all children and youth in our community will get to experience holiday joy.

If you have any questions, please contact The Children's Foundation at 613-962-9292 or email tcf@highlandshorescas.com

Eligibility:

- Recipients must be between the ages of 3-21 years
- Family must reside in Hastings, Northumberland, or Prince Edward Counties and be unable to pay for holiday needs
- All application forms must be fully completed for the application to be processed
- Families involved with HSCA are not required to send proof of income, but must include their worker's name
- Families on ODSP or OW are automatically approved but still required to send proof of income
- Families not involved with HSCA or on ODSP or OW, are required to send proof of income. Please attach to your form, or send a separate email to tcf@highlandshorescas.com with the first and last name of the child in the subject line

How to apply to be an angel?

- Fill out the form below and submit
- Print a PDF form below and send a photo or scan it to tcf@highlandshorescas.com
- Pick up a form at any of The Children's Foundation or HSCA locations
- Telephone– 613-962-9292
- Email- tcf@highlandshorescas.com requesting a form

How to adopt an angel?

- Telephone– 613-962-9292
- Email- tcf@highlandshorescas.com

Complete and return form by December 1st, 2022 to kaitlyn.saseniuk@highlandshorescas.com

Late submissions will not be accepted.

All sections to be completed, Incomplete forms will be returned

Section 1: Parent/Guardian's Information	
First and last name:	First and last name (2):
Telephone:	Street Address:
City:	Number of people in household:
Email:	
Yearly Household income (please attach proof of income from all guardians who are supporting the participant, married or common law and live in the same household):	
Are you on ODSP, OW or social Assistance (if yes? please send in a copy of your ODSP or OW slip): () Y () N	
Is the Family/ Participant involved with the Highland Shores Children's Aid Society?: () Y () N If yes, what is the worker's name:	
Is the Family/ Participant involved with another agency?: () Y () N	
Name of agency:	Worker name:

Section 2: Child/ Youth's Information	
Number of Children/ Youth in the Household:	
1.Name of Child: _____	5.Name of Child: _____
2.Name of Child: _____	6.Name of Child: _____
3.Name of Child: _____	7.Name of Child: _____
4.Name of Child: _____	8.Name of Child: _____
<i>Please indicate child/youth/adult sizes:</i>	<i>Please indicate child/youth/adult sizes:</i>
1.Age:___ Gender:___ Shoe Size:___ Pants:___ Top:___	5.Age:___ Gender:___ Shoe Size:___ Pants:___ Top:___
2.Age:___ Gender:___ Shoe Size:___ Pants:___ Top:___	6.Age:___ Gender:___ Shoe Size:___ Pants:___ Top:___
3.Age:___ Gender:___ Shoe Size:___ Pants:___ Top:___	7.Age:___ Gender:___ Shoe Size:___ Pants:___ Top:___
4.Age:___ Gender:___ Shoe Size:___ Pants:___ Top:___	8.Age:___ Gender:___ Shoe Size:___ Pants:___ Top:___
Please provide a brief explanation for request:	

Child's e.g. Dolls Action Figures Building Hobbies Games Music Books Movies Puzzles Interests:

1.

5.

2.

6.

3.

7.

4.

8.

Does this family need assistance with food? Yes No

If yes, what are the core items they need:

Additional Comments:

Guardian Signature: _____

I have thoroughly read and understand the guidelines of Playing for Keeps and agree that this application meets the guidelines and is truthful: () yes () no

I give TCF permission to contact me for testimonials and impact stories: () yes () no

Please scan/ email, or fax your application with proof of all guardian's income to:

tcf@highlandshorescas.com

You may also drop your form off at, or mail to:

ATTN: Angel Tree. 363 Dundas St. W. Belleville ON. K8P 1B3 ~ 613-962-9292