



Cayuga/Seneca Community Action Agency, Inc.

89 York Street, Suite 1, Auburn, New York 13021
Telephone: (315) 255-1703 • Fax: (315) 252-3397
www.cscAA.com



October 5, 2018

CAYUGA COUNTY CHRISTMAS ELF PROGRAM 2018

The Cayuga County Christmas Elf Committee is pleased to launch the 2018 Christmas Elf Program! Our goal is to provide holiday gifts to every referred child in need in Cayuga County between the ages of 0-18 years. The information provided below outlines 2018 program operations.

Referrals: Please note, the Christmas Elf Program is NOT a self-referral program. Families must be referred by a provider or school. Please use the attached form to refer families by the deadline of **November 30, 2018 at 5:00 pm**; note that this is a hard deadline that will not be extended. Incomplete applications will automatically be returned to the submitting agency. It is your responsibility as the referrer to make sure applications are completed fully and accurately. Missing and/or illegible information may result in processing delays, mismatched gifts, and/or exclusion from the program.

Income Documentation: New this year, we are not requiring submittal of income documentation with applications. Instead, we are asking that you, as the referrer, certify that you have reviewed documentation on file determining that family income meets the program guidelines of 185% of the federal poverty level.

Electronics: If a family is requesting electronics, please complete household electronic information at the top of page 2. We will be unable to provide movies, music, games, etc. to families without this information, as we will have no way of knowing if compatible devices are available in the home to play them.

Distribution Day (December 17): Please inform referred families about distribution and let them know that if they do not hear from the Committee, their application has been approved. A postcard containing distribution details will be mailed out prior to December 17, 2018. Applicants must bring their postcard and a form of ID on the day of distribution. A separate Agency Pickup Day will not be held this year. If you as the referrer are picking up on behalf of the family, please bring the postcard and/or family number with you at the designated time. As in years past, distribution will occur at 48 Wright Avenue, Auburn NY.

Volunteers: Volunteers are needed to help with Elf hotline calls and data entry between the hours of Monday – Friday, 9 am – 5 pm. If you or someone you know would like to volunteer, please contact Trish Kerr, Marketing & Development Director at 315-255-1703 x155.

Please instruct families not to contact the Agency directly for information. If you have any questions, please contact the Agency's Elf hotline at 315-255-1703 x102. We strive to return all calls within 48 hours. Thank you for participating in the 2018 Christmas Elf Program!

Sincerely,

Laurie A. Piccolo
Executive Director

SITE II
1 BROOKFIELD PLACE
AUBURN, NY 13021
(315) 252-0038

SITE III
4 GARFIELD STREET
AUBURN, NY 13021
(315) 252-0038

SENECA OFFICE
23 CENTER STREET
WATERLOO, NY 13165
(315) 539-5647

In accordance with the Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

2018 Christmas Elf Program

Agency Referral Form

**** For Children 18 Years and Under Only****

FAMILY NO. _____

For Office Use Only

Referral Deadline: November 30, 2018 at 5:00 pm (DEADLINE **WILL NOT** BE EXTENDED)
Distribution Day: December 17, 2018, 10:00 am – 4:00 pm, 48 Wright Avenue, Auburn NY

PLEASE MAKE SURE ALL INFORMATION IS COMPLETED CLEARLY AND ACCURATELY.

*NOTE: Incomplete applications will be returned to the submitting Agency. Please contact the Agency's Elf hotline with questions, 315-255-1703 x102. Calls will be returned within 48 hours. Please instruct families not to contact the Agency directly for information. **APPLICATIONS WILL NOT BE ACCEPTED AFTER THE 11/30 DEADLINE.***

Referring Agency: _____ **Referrer Name:** _____

Referrer Phone w/Ext. _____ **Referrer Email:** _____

Name of Parent(s)/Gaurdian(s): _____

Residence: _____
Street City/Town County Zip

Mailing Address (if different from above): _____
Street/PO Box # City/Town County Zip

Phone #: _____ **Annual Family Income:** \$ _____

Total # children 18 years and under living in household: _____

Name of all ADULTS over 18 years old living in household (DO NOT INCLUDE APPLICANT):

Name _____ Relationship to Parent(s)/Guardian(s) _____
Name _____ Relationship to Parent(s)/Guardian(s) _____
Name _____ Relationship to Parent(s)/Guardian(s) _____
Name _____ Relationship to Parent(s)/Guardian(s) _____

Certification: *I have reviewed this family's income and certify that documentation is on file indicating this family meets the Christmas Elf income requirements of a maximum 185% of the federal poverty level.*

Signature of Referrer

Special circumstances leading the family to be referred to Christmas Elf for assistance, if applicable:

Mail completed form to: Christmas Elf Referral
Cayuga/Seneca Community Action Agency, Inc.
89 York Street, Suite 1, Auburn NY 13021
Or Fax to: 315-252-3397

PLEASE PROVIDE ALL REQUESTED INFORMATION ON PAGE 2 AND SUBMIT TOGETHER WITH PAGE 1. IT IS IMPORTANT TO INCLUDE THE AGE AND SEX OF ALL CHILDREN LISTED TO INSURE THAT APPROPRIATE GIFTS ARE PROVIDED.

Family No. _____ Pick up Time _____ Packed by (initials) _____ Date _____
For Office Use Only

NOTE: Clothes will be given ONLY if available.

***IF REQUESTING ELECTRONICS - PLEASE SPECIFY ELECTRONICS CURRENTLY IN THE HOME!** DVD PLAYER, XBOX (MODEL), PLAYSTATION (MODEL), VCR, CD PLAYER, ETC. We **will not** be able to provide games, movies, music, etc. without this information as we will have no way of knowing if compatible devices are available in the home to play them.

1. **Child's Full Name** _____ **Relationship to Applicant** _____
Male _____ Female _____ Age _____ School attending _____
Pant Size _____ Child/Teen/Adult (circle one) Shirt Size _____ Child/Teen/Adult (circle one) Shoe Size _____
Gift Suggestions: _____

Pants _____ Shirt _____ Lg. Toy _____ Sm. Toy _____ Crayons _____ Coloring Book _____ Stuffed Animal _____ Book _____

2. **Child's Full Name** _____ **Relationship to Applicant** _____
Male _____ Female _____ Age _____ School attending _____
Pant Size _____ Child/Teen/Adult (circle one) Shirt Size _____ Child/Teen/Adult (circle one) Shoe Size _____
Gift Suggestions: _____

Pants _____ Shirt _____ Lg. Toy _____ Sm. Toy _____ Crayons _____ Coloring Book _____ Stuffed Animal _____ Book _____

3. **Child's Full Name** _____ **Relationship to Applicant** _____
Male _____ Female _____ Age _____ School attending _____
Pant Size _____ Child/Teen/Adult (circle one) Shirt Size _____ Child/Teen/Adult (circle one) Shoe Size _____
Gift Suggestions: _____

Pants _____ Shirt _____ Lg. Toy _____ Sm. Toy _____ Crayons _____ Coloring Book _____ Stuffed Animal _____ Book _____

4. **Child's Full Name** _____ **Relationship to Applicant** _____
Male _____ Female _____ Age _____ School attending _____
Pant Size _____ Child/Teen/Adult (circle one) Shirt Size _____ Child/Teen/Adult (circle one) Shoe Size _____
Gift Suggestions: _____

Pants _____ Shirt _____ Lg. Toy _____ Sm. Toy _____ Crayons _____ Coloring Book _____ Stuffed Animal _____ Book _____

5. **Child's Full Name** _____ **Relationship to Applicant** _____
Male _____ Female _____ Age _____ School attending _____
Pant Size _____ Child/Teen/Adult (circle one) Shirt Size _____ Child/Teen/Adult (circle one) Shoe Size _____
Gift Suggestions: _____

Pants _____ Shirt _____ Lg. Toy _____ Sm. Toy _____ Crayons _____ Coloring Book _____ Stuffed Animal _____ Book _____

PLEASE SHARE THE FOLLOWING IMPORTANT INFORMATION WITH ALL FAMILIES THAT YOU REFER:

If applicant does not hear from the committee their application has been approved. A postcard containing distribution details will be mailed out prior to December 17, 2018. Applicants must bring their postcard and a form of ID on the day of distribution. **A separate Agency Pickup Day will not be held this year.** If you as the referrer are picking up on behalf of the family, please bring the postcard and/or family number with you at the designated time.