HCM 2026 **Print, Complete and Present in Person**

Interviewer Initials _____ LN _____
For office use only

▼ READ and SIGN CONSENT before completing this application ▼

I HAVE NOT and WILL NOT ask for Christmas help from ANY other organization. I certify that all the information I provided in this application is accurate, and I understand that it may be verified with other organizations assisting families at Christmas. I also give consent to the Henrico Christmas Mother to make inquiries of Social Services or other agencies to verify my information. I give consent to Henrico County Public Schools to release to the Henrico Christmas Mother my child's enrollment status. I agree to assume full responsibility for all aspects of my participation in the Henrico Christmas Mother Program and release Henrico Christmas Mother from any damages which I may sustain thereby.

▶Date:_____ Signature:_____◀

Your Name:_____DOB:_____SSN (Last 4):_____ ❑
(Last Name) (First Name) (MI) MM/DD/YYYY

Address:_____Apt #:____City/County:_____Zip:_____

Phone: _____Email:_____ Sex: _____

For the 2 questions below, please circle all that apply. Note that answering will not affect eligibility. You are not required to answer.

Race/Ethnicity:
[White] [Black/African American] [Latino/Hispanic] [Asian] [Native American] [Middle Eastern/North African] Other _____ [Prefer not to say]

Primary Language:
English Spanish Arabic Other (specify) _____ Prefer not to say

Proof of Henrico Residency:
_____
Office Use Only

List Below Other Adults in the Household:

Last Name	First Name	Sex	Date of Birth	Age	SSN (Last 4)	Relationship to you	SSN
1							❑
2.							❑

▼Are the children listed yours?_____ If not, do you have custody?_____ Are any from Foster Care?_____▼

List of Children Living with You *(office use)*

Last Name	First Name	Sex	Date of Birth	Age	SSN (Last 4)	Name of Current School	SSN	BC
1							❑	❑
2.							❑	❑
3.							❑	❑
4.							❑	❑
5.							❑	❑

List Additional Children Living with You on a separate Application Form

▼ GROSS MONTHLY HOUSEHOLD INCOME (before taxes) ▼

Income Type	Monthly	Employer or Caseworker	Phone #	*For Office Use Only*
Your Wages	$			Ck. Stub:
Adult #2 Wages	$			Ck Stub:
Social Security	$			For Whom:
Disability (SSI)	$			Person Disabled:
Other Income	$			From:
TOTAL	**$**			
(circle applicable) TANF/SNAP Amt	$			Verification:

▼EXPLAIN ANY SPECIAL CIRCUMSTANCES YOU WOULD LIKE US TO KNOW ABOUT:

APPLICATION FORMS WILL NOT BE ACCEPTED VIA MAIL OR EMAIL

Revised 4/6/2026