FORTVILLE POLICE DEPARTMENT

714 EAST BROADWAY, FORTVILLE, INDIANA 46040

CHIEF WILLIAM N. KNAUER

Dispatch: (317) 477-1144
Office: (317) 485-4044 Ext. 112

E-mail: (bknauer@fortvilleindiana.org)

Police Department: (317) 485-7483
Fax: (317) 485-6351

Fortville Police Department 2018 Shop with an Officer Application

Please read the following carefully and thoroughly;

Please fill out this application if you are interested in being considered for winter assistance from the Fortville Police Department. This for MUST be returned to the Fortville Police Department by November 16, 2018 at 4:00p.m.

This program is for CHILDREN ONLY, under the age of 18 that live in Vernon Township, Hancock County and or within the Fortville Town limits. We will buy necessities first, then the participant will be allowed to pick out luxury or 'wanted' items. (Toys, books, makeup, jewelry, CDs, movies, etc..)

*Only 1 application per family (household) will be accepted.

To ensure that as many people as possible are assisted, please do not apply with Fortville Police Department if you have applied with another organization. We check will all local organizations to make sure this does not happen.

Please complete all of the information requested. Information is to be listed only for those family members residing in the home. All personal information will be kept confidential and will only be used to complete the application process.

We will do everything we can to provide assistance to all applicants, however, there is no guarantee that you will receive assistance. If your family was chosen to participate within the last 3 years, you will be placed on a waiting list and eligibility will depend on the number of new participants and amount of donations that we receive.

If you have any questions, please contact Detective Matt Fox at 317-485-4044 Ext # 305. ALL COMPLETED PAPERWORK MUST BE RETURNED TO THE FORTVILLE POLICE DEPARTMENT BY NOVEMBER 16, 2018 AT 4:00 P.M. (There will be NO exceptions, due to scheduling a shopping date.) The shopping date is subject to change and participants will be notified as soon as possible.

*This is intended for children and parents or guardians to spend time with our Officers and volunteers. It is fun for the children, as well as the adults. We do require at least 1 parent or guardian be present at the event.

I authorize the Fortville Police Department to use my family information on this application for consideration in the Shop with an Officer Program. I understand that if my family is selected the information will also be released to a contact person from that group.

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Parent/Guardian **Date**

_____

Printed Name

Return to: Fortville Police Department
Attn: Detective Matt Fox
714 E. Broadway Street
Fortville, IN 46040
317-485-4044 Ext # 305

PLEASE READ THIS INFORMATION TO ENSURE IT IS COMPLETED PROPERLY!

Complete ALL information below, incomplete or improper applications will not be processed.

**HEAD OF HOUSEHOLD/ADULT CONTACT PERSON
(PERSON SEEKING OUR ASSISTANCE)

_____ _____
Last Name First Name

_____
Address (include Apt. #) State Zip

_____
Phone Number (If changes after due date, you must contact us)

Of People in Household_____ # of children in Household _____

Marital Status: Married__ Single__ Domestic Partnership__ Widowed__

Employment Status: Full Time__ Part Time__ Unemployed__ Student__

Employer / School Attending_____

**Reason for Family Need (Please be specific. Some information to consider.) Listing-employment status of adults in home, physical and mental health issues present in home, if adults in home are attending school, disabilities present in the home, public assistance benefits received, extended family support, and other information that will demonstrate need for assistance.

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HOUSEHOLD MEMBER INFORMATION: (List ALL persons residing in home)

1. **Relationship** to Head of Household/Adult Contact Person:

(Circle One) Spouse/Partner Child Parent

Aunt/Uncle Cousin Grandparent Niece/Nephew

No Relation

Last Name:_____ First Name:_____

Date of Birth:_____ Gender: Male___Female___

Employer/School_____Grade:_____

If Person #1 is a Child, please list items needed, (clothing and shoes please provide sizes, **and be specific)** this information MUST be provided, our shoppers will use this as a guideline.

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2 **Relationship** to Head of Household/Adult Contact Person:

(Circle One) Spouse/Partner Child Parent

Aunt/Uncle Cousin Grandparent Niece/Nephew

No Relation

Last Name:_____ First Name:_____

Date of Birth:_____ Gender: Male___Female___

Employer/School_____Grade:_____

If Person #1 is a Child, please list items needed, (clothing and shoes please provide sizes, **and be specific)** this information MUST be provided, our shoppers will use this as a guideline.

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3.Relationship to Head of Household/Adult Contact Person:

(Circle One) Spouse/Partner Child Parent

Aunt/Uncle Cousin Grandparent Niece/Nephew

No Relation

Last Name:_____ First Name:_____

Date of Birth:_____ Gender: Male___Female___

Employer/School_____Grade:_____

If Person #1 is a Child, please list items needed, (clothing and shoes please provide sizes, **and be specific)** this information MUST be provided, our shoppers will use this as a guideline.

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4.Relationship to Head of Household/Adult Contact Person:

(Circle One) Spouse/Partner Child Parent

Aunt/Uncle Cousin Grandparent Niece/Nephew

No Relation

Last Name:_____ First Name:_____

Date of Birth:_____ Gender: Male___Female___

Employer/School_____Grade:_____

If Person #1 is a Child, please list items needed, (clothing and shoes please provide sizes, **and be specific)** this information MUST be provided, our shoppers will use this as a guideline.

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