



The Arc of Gaston County is pleased to announce our

## **2019 Operation Santa program**

to assist adults with developmental disabilities in our community during Christmas.

We will be accepting Operation Santa requests from now until November 22, 2019.

The form for each person in need is included on the back.

### **To be eligible for this program you MUST:**

- ***Be 18 years or older***
- ***Be a Gaston County resident***
- ***Have a medical diagnosis of Intellectual or Developmental Disability***

Please complete the enclosed form and be as detailed as possible. We need to fully understand all wish list items, as well as the person's "developmental/functional age" so appropriate items can be considered. **(\*\*\*If Section 1 is not fully completed, the applicant will not be considered for assistance).**

Return the completed form to The Arc of Gaston County **no later than Friday, 11/22.**

***\*\*\* Requests for Gift Cards will not be accepted \*\*\****

Completed forms may be mailed, faxed, or scanned/email to The Arc office:

**Address: The Arc of Gaston County 200 E. Franklin Blvd. Gastonia, NC 28052**

**Fax: 704-864-9464 · Email: [opsanta@gastoncountyarcc.org](mailto:opsanta@gastoncountyarcc.org)**

We are very thankful to offer this program to adults with developmental disabilities in our community . Please contact The Arc office with any questions.

Sincerely,

Sara Osborne, Director

704-861-1036, [arcgaston@bellsouth.net](mailto:arcgaston@bellsouth.net)



## OPERATION SANTA REQUEST

### SECTION 1 - ALL QUESTIONS MUST be completed for this applicant to be considered for assistance.

1. Name of person in need: \_\_\_\_\_ Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M F

Specific Diagnosis: (diagnosis name, not medical code) \_\_\_\_\_

Developmental/Functional Age: (ex. - age 35 but is on 7 year old level) \_\_\_\_\_

2. Name of person completing form: \_\_\_\_\_ Relationship to above person: \_\_\_\_\_

Address/Phone/Email: (if different than above) \_\_\_\_\_

Explain why assistance is needed: \_\_\_\_\_

List other organizations you are requesting assistance from: \_\_\_\_\_

### SECTION 2 - Please provide ideas for your Top 3 Needs and Wants. We will try to purchase items listed below/similar items based on availability and our budget. Please be specific/circle details that apply.

#### TOP 3 NEEDED ITEMS:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

#### TOP 3 WANTED ITEMS:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

#### PLEASE PROVIDE DETAILS/SIZES ABOUT LISTED ITEMS—CIRCLE WHAT APPLIES:

·Pants \_\_\_\_\_ (Elastic Waist/Buttons/Zipppers) ·Shirt \_\_\_\_\_ (Pullover/Buttons) ·Socks \_\_\_\_\_ (Tall/Footies)

·Shoes \_\_\_\_\_ (Laced/Velcro/Slip on) ·Undergarments \_\_\_\_\_ (boxer, brief, bikini) ·Favorite color \_\_\_\_\_

·Personal Items (Hairbrush, Shampoo, Conditioner, Deodorant, Lotion, Toothbrush, Toothpaste, Soap) — specific brand needed) \_\_\_\_\_

Favorite Team/Theme \_\_\_\_\_ ·Winter Items (Coat/Hat/Scarf/Gloves) \_\_\_\_\_

·Jewelry \_\_\_\_\_ (Clip on earrings/Pierced ears) ·Perfume/Cologne \_\_\_\_\_

·Toys (Cars, Dolls, Pull String/Manipulatives, Musical, Puzzles/# of pieces, Books, Coloring, Games, Balls, etc.) \_\_\_\_\_

#### OTHER IDEAS FOR NEEDS/WANTS: \_\_\_\_\_

**Please return the completed form to The Arc of Gaston County by Friday, November 22, 2019**

Email to: [opsanta@gastoncountyarcs.org](mailto:opsanta@gastoncountyarcs.org) Fax to: 704-864-9464 Mail to: 200 E. Franklin Blvd. Gastonia, NC 28052

\*\* Contact The Arc office with any questions at 704-861-1036 or [arcgaston@bellsouth.net](mailto:arcgaston@bellsouth.net) \*\*

## 2019 Operation Santa Program

# APPLICATION INSTRUCTIONS

The Arc of Gaston County's Operation Santa program helps adults with IDD ages 18 & up with items at Christmas. Thanks to area funding and volunteers, this program reached 125 local adults last year. The need is ever growing and we anticipate this number increasing this year.

## Instructions

### SECTION 1

- **ALL questions must be completed**
- If not completed, applicant is not eligible for assistance
- The personal information in this section is vital for our due diligence to ensure both who we are serving and how we are serving them. Having to call multiple people because details are not completed is very time consuming.
- Clarifications Needed:
  - Specific Diagnosis: list basic terms (Down Syndrome, Autism, etc), not medical abbreviations or Codes
  - Developmental/Functional Age: "45 but is on a 7 year old level"

### SECTION 2

- List the TOP 3 NEEDED items as well as the TOP 3 WANTED items. for the applicant
- Be as specific as possible about their sizes, likes, preferences, etc.
- If there is an item a person really needs, please make a note on the application

*\*\*\*\*\* Please understand that we will do our best to get what's listed or something similar based on store availability as well as our budget. We are usually not able to purchase every item on each wish list since we are trying to serve as many people as possible but will make every effort to provide both needs and wants for each applicant \*\*\*\*\**