



The Arc of Gaston County is pleased to announce our **2020 Operation Santa Program** to assist adults with developmental disabilities in our community during Christmas.

To be eligible for this program you MUST: Be age 18 years or older, be a Gaston County resident, and have a medical diagnosis of Intellectual or Developmental Disability

INSTRUCTIONS:

- **DEADLINE:** Completed forms are due <u>no later than Friday, 11/20</u> and will be accepted by mail, fax, or scan/email to The Arc office (see bottom of form). If we have not contacted you to confirm receipt of your application within 3 business days, please follow up with our office.
- **REQUEST FORMS:** Forms are on the back of this page. Please complete the entire form and be as detailed as possible. (****If Section 1 is not fully completed, the applicant will not be considered for assistance).

SECTION 1 - ALL questions must be completed

- Specific Diagnosis: list basic terms (Down Syndrome, Autism, etc); no medical terms/codes
- Developmental/Functional Age:
 "person is 45 but is on a 7 year old level"

SECTIONS 2 & 2-A

- List the applicant's TOP 3 NEEDED & TOP 3 WANTED items
- List specific sizes, likes, etc. and circle details where needed
 - EXAMPLE -- Pants: <u>Ladies Large or 12/14</u> (Elastic Waist/Buttons/Zippers)
 - If there is an item a person <u>really needs</u>, please explain at the bottom of the form

***** We will do our very best to get the items listed or something similar based on store availability as well as our budget. While we usually cannot purchase every item on each list, we will make every effort to provide both needs and wants for each person *****

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@gmail.com



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

1. Name of person in need:		Address:				
Phone or 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 le	evel)				
2. Name of person completing for	m:	Relationship to above person:				
Address/Phone/Email: (if different the	an above)					
Explain why assistance is needed: _						
List other organizations you are red						
SECTION 2 - Please provide ideas below or similar items based on as TOP 3 NEEDED ITEMS: 1	vailability and our bu	ıdget. Plea	ase be specific/c	circle details tha	at ap	ply.
TOP 3 WANTED ITEMS:						
1	2		3			
SECTION 2-A LIST SIZES OR DE	TAILS ABOUT YOUR 1	OP 3 NEEL	OS & WANTS – c	ircle details tha	t ap	ply:
Pants (Elastic Waist/Butt	tons/Zippers) · Shirt	(Pull	over/Buttons) ·So	cks (Tall/Foo	oties,)
·Shoes(Laced/Velcro/Slip	o on) ·Undergarments _		(boxer, brief, bikini) •Favorite color_		
Personal Items (Hairbrush, Shampoo, Co	nditioner, Deodorant, Lo	tion, Toothbi	rush, Toothpaste, S	oap) — specific bro	and r	needed,
· Favorite Team/Theme	· Winte	r Items (Coat	t/Hat/Scarf/Gloves)		
· Jewelry (Clip on earrin	ngs/Pierced ears) · Perfu	ume/Cologne				_
·Toys (Cars, Dolls, Pull String/Manipulation	ves, Musical, Puzzles/# of	pieces, Book	ks, Coloring, Games	s, Balls, etc.)		
OTHER IDEAS FOR NEEDS/WANTS	<u> </u>					

Please return the completed form to The Arc of Gaston County by Friday, November 20, 2020

Email to: opsanta@gastoncountyarc.org Fax to: 704-864-9464 Mail to: 200 E. Franklin Blvd. Gastonia, NC 28052