



The Arc of Gaston County is pleased to announce our **2023 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*

PLEASE READ THIS PAGE & FOLLOW ALL INSTRUCTIONS FOR THE FORM:

- **DEADLINE:** No later than Thursday, November 16, 2023 Completed forms will be accepted by mail or email to The Arc office. If we have not contacted you to confirm receipt of your application within 3 business days, please follow up with our office.
- **REQUEST FORM:** Form is on the back of this page. Complete the **entire form** and be as detailed as possible.

GUIDELINES – Section 1

- 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"*

GUIDELINES – Section 2 & 2-A

- List applicant's TOP 3 NEEDED & TOP 3 WANTED items
- List specific sizes ONLY for the 3 items listed; circle details that apply.
 - *EXAMPLE -- Pants: Ladies Large or 12/14 (Elastic Waist/Buttons/Zipper)*

**** We will do our very best to get the items listed/something similar based on availability and our budget, and 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



OPERATION SANTA REQUEST

Please check the box IF the individual below lives at a group home OR attends a day program

SECTION 1 - ALL QUESTIONS MUST BE COMPLETED

Name of person in need: _____ Address: _____
(Full street address, city, and zip code)

Phone/Email: _____ Age: _____ Race: _____ Gender: M F

Specific Diagnosis: (diagnosis name, not medical code) _____

Developmental/Functional Age: (ex. - age 45 but is on 7 year old level) _____

Name of person completing form: _____ Relationship to above person: _____

Contact Phone & Email: (if different than person in need) _____

Explain why assistance is needed: _____

List other organizations you are requesting assistance from: _____

SECTION 2 – ONLY provide your Top 3 NEEDS & WANTS. We will try to purchase items listed/similar items based on availability and our budget. Please be specific.

TOP 3 NEEDED ITEMS: (only list 3 items – give sizes details for these items in Section 2-A)

1. _____ 2. _____ 3. _____

TOP 3 WANTED ITEMS: (only list 3 items - give sizes details for these items in Section 2-A)

1. _____ 2. _____ 3. _____

SECTION 2-A SIZES/DETAILS ONLY for the items you listed above in NEEDS/WANTS:

Put specific sizes (i.e., Men L, Ladies 12, Child S or 4-6); Circle details that apply; Add any needed toiletry items at bottom

Pants _____ (Elastic Waist/Buttons/Zipppers) Shirt _____ (Pullover/Buttons) Socks _____ (Tall/Footies)

Shoes _____ (Laced/Velcro/Slip on) Undergarments _____ (boxer, brief, bikini)

Winter Items (Coat/Hat/Scarf/Gloves) _____ Jewelry (Clip on earrings/Pierced ears/Watch/Necklace)

Perfume/Cologne _____ Favorite Team/Theme _____ Favorite color _____

Fun Items (Cars, Dolls, Pull String, Musical, Puzzles/# of pieces, Books, Coloring, Games, Word Search, Balls, etc.) _____

Please circle or list any needed Toiletries (Brush, Shampoo, Conditioner, Deodorant, Lotion, Toothbrush/paste, Soap or body wash)

Return the completed form to The Arc of Gaston County by Thursday, November 16, 2023

Email to: opsanta@gastoncountync.org Mail to: 200 E. Franklin Blvd. Gastonia, NC 28052

** QUESTIONS? Contact The Arc office at 704-861-1036 or arcgaston@gmail.com **