



1100 NW 14th St.
OKC, OK 73106
405-609-1904
Fax: 405-609-2953



(For Sunbeam use only)

Grandparents Raising Grandchildren (GRG) Holiday Program Application

The Oklahoma City Police Department, Oklahoma County Sheriff's Office, TRIAD volunteers, and Sunbeam Family Services' Caregiver Fundamentals Program would like to invite you to apply for this year's Holiday Program.

Should I apply?

1. I live in **Canadian, Cleveland, Logan, or Oklahoma County and DO NOT WORK** for **The Oklahoma City Police Dept.** or the **Oklahoma County Sheriff's Office.** **Yes No**
2. I (or my spouse) am **at least 55 years of age or older.** **Yes No** (*this is to qualify for additional services*)
3. I (or my spouse) am the **primary caregiver and support** for a grandchild/grandchildren (18 years or younger), **living exclusively at my residence, (without the parent(s) in the residence).** **Yes No**

Three 'YES' answers? Woohoo! YOU ARE ELIGIBLE.

Have a 'NO' answer? Please contact our office at 609-1904 to see how we can help.

Grandparent Information:

Full Name: _____ Date of Birth: ____/____/____ Age: _____

Mailing Address: _____ Gender: Male Female

City: _____ Zip: _____ County: Canadian Cleveland

Phone Number: _____ Logan Oklahoma

Alternate Phone: _____ Email: _____

This will be used to communicate about various events.

Total number of People in Household: _____ Breakdown: Adults _____ Children _____

Race: _____ Ethnicity: Hispanic/Latino Not Hispanic/Latino

Marital Status: Married Divorced Separated Single Widowed

Name of Spouse: _____ Spouse Date of Birth: _____

How did you learn about this program? _____

Applications are processed on a **FIRST COME, FIRST SERVED** basis

(GRG's 55+ are given priority.)

Mail, fax, or hand deliver to the address in the upper left corner.

****Applications will not be considered unless they are complete****

****Attach required documentation****



Application Deadline: Thursday, October 31, 2019

Invitations for the GRG Holiday Party will be mailed out the week of November 12th

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Grandchild(ren) Information

Through this program your grandchild(ren) will have the opportunity to receive gifts valued at approximately \$35. Gift cards will not be purchased.

Incomplete Applications will not be considered!

Grandchild One:

Grandchild's First Name: _____ Male / Female Date of Birth: ___/___/___

Age: ___ Grade: ___ Clothing Size: _____ Shoe Size: _____

Style/Color Preference: _____

(Please be as specific as possible, so that our shoppers will be able to meet their needs. Ex: Do they like a certain superhero, character? Do they like a certain toy, musician, or hobby? What's their favorite color?)

Wish List:

1. _____

3. _____

2. _____

4. _____

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Grandchild Two:

Grandchild's First Name: _____ Male / Female Date of Birth: ___/___/___

Age: ___ Grade: ___ Clothing Size: _____ Shoe Size: _____

Style/Color Preference: _____

(Please be as specific as possible, so that our shoppers will be able to meet their needs. Ex: Do they like a certain superhero, character? Do they like a certain toy, musician, or hobby? What's their favorite color?)

Wish List:

1. _____

3. _____

2. _____

4. _____

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Grandchild Three:

Grandchild's First Name: _____ Male / Female Date of Birth: ___/___/___

Age: ___ Grade: ___ Clothing Size: _____ Shoe Size: _____

Style/Color Preference: _____

(Please be as specific as possible, so that our shoppers will be able to meet their needs. Ex: Do they like a certain superhero, character? Do they like a certain toy, musician, or hobby? What's their favorite color?)

Wish List:

1. _____

3. _____

2. _____

4. _____

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Grandchild Four:

Grandchild's First Name: _____ Male / Female Date of Birth: ___/___/___

Age: ___ Grade: ___ Clothing Size: _____ Shoe Size: _____

Style/Color Preference: _____

(Please be as specific as possible, so that our shoppers will be able to meet their needs. Ex: Do they like a certain superhero, character? Do they like a certain toy, musician, or hobby? What's their favorite color?)

Wish List:

1. _____

3. _____

2. _____

4. _____

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Grandchild Five:

Grandchild's First Name: _____ Male / Female Date of Birth: ___/___/___

Age: ___ Grade: ___ Clothing Size: _____ Shoe Size: _____

Style/Color Preference: _____

(Please be as specific as possible, so that our shoppers will be able to meet their needs. Ex: Do they like a certain superhero, character? Do they like a certain toy, musician, or hobby? What's their favorite color?)

Wish List:

1. _____

3. _____

2. _____

4. _____

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Please add another page with the information above for each additional child.

What's Your Story?

Please tell us about your family. By sharing additional information with Sunbeam, we may be able to identify applicable resources.

Please continue to the back page to complete your application.



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- Yes, I give my photo and information consent to the Grandparents Raising Grandchildren Holiday Program to photograph myself and my grandchildren.
- No, I do not give consent. **(Marking 'No' indicates that you will be responsible for relaying this wish to the media that may be present at events.)**

INFORMATION RELEASE FORM

I hereby grant Sunbeam Family Services, Inc, its nominees, and agents and assign unlimited permission to use, publish, and republish for the purpose of advertising and trade and for such uses as it may determine, information and reproductions of my likeness (photographic and otherwise), my voice, my statements, my artwork, or my creative writing related to my work as a Sunbeam Family Services volunteer or related to the assistance I have received from Sunbeam Family Services, with our without identification of my name.

I understand that my likeness, voice, artwork, creative writing, and/or statements could be used in or on, but not be restricted to, pamphlets, posters, billboards, booklets, brochures, bus shelters, bus benches, radio or television advertising, promotional videos, slide presentations, and other forms of printed, video, or audio material. I waive any right to prior approval for use of any likeness of me, my voice, artwork, creative writing, or statements made by me associated with the matters covered by this release.

I further waive any claim for compensation of any kind or nature for the use of any likeness of me, my voice, artwork, creative writing, or statements made by me associated with the matters covered by this release.

I hereby affirm that my participation is completely voluntary and that I have been in no way required to make public statements expressing gratitude to the agency. I understand that the agency will consider itself released from the responsibility to maintain confidentiality regarding information I may disclose to the public about my relationship with the agency.

Name (Print): _____



Signature (application will not be processed unless signed)

_____ Date

REQUIRED DOCUMENTATION

You must include **current** school enrollment documentation and **at least one** of the following (that must include current address and state with whom the child resides):

- Current custody or guardianship letter with current utility bill.
- Letter from church, doctor, or daycare
- Medicaid letter
- Free/reduced lunch letter
- CASA letter

OTHER REQUIREMENTS/INFORMATION

- You must live in **Canadian, Cleveland, Logan, or Oklahoma County** and **DO NOT WORK** for the Oklahoma City Police Dept. or the Oklahoma County Sheriff's Office.
- You (or your spouse) are the primary caregiver and support for a grandchild/grandchildren (18 years or younger), living exclusively at your residence,
- **Applications will not be considered unless they are complete with documentation****
- All documents will be destroyed at the completion of this program.
- Current updated documents will need to be submitted for future applications.