

Farmington Area  
**Goodfellows**



*"No child or senior without a Christmas"*

WE PROUDLY SERVE FARMINGTON & FARMINGTON HILLS, MICHIGAN

31455 West Eleven Mile Road  
Farmington Hills, MI 48336

[www.goodfellows.info](http://www.goodfellows.info)

(248) 986-1111  
Fax (248) 986-1010  
[info@goodfellows.info](mailto:info@goodfellows.info)

Dear Friend and Neighbor:

The Farmington Area Goodfellows are in the process of making inquiries regarding any assistance you may require in providing for your family this holiday season. We would like to help; however, we need you to cooperate by submitting certain information to us to verify that you qualify.

Please fill out the following forms completely to ensure a happy holiday for your children (**ages 12 years and younger only**):

- 2017 Holiday Application Form
- 2017 Toy Request Form (no electronic toys)
- 2017 Diaper Request Form (if needed)

Make sure you have all the required paperwork needed to submit to the Goodfellows to start the process. Paperwork and applications must be mailed to address shown above, email to [fagoodfellows@gmail.com](mailto:fagoodfellows@gmail.com) or fax to (1-248-986-1010)

**YOUR APPLICATION MUST BE POSTMARKED BY  
THURSDAY NOVEMBER 30, 2017.**

For holiday assistance for your children **13 years and older** please contact:  
**FARMINGTON YOUTH ASSISTANCE**  
**1-248-489-3434**  
**[fya@farmington.k12.mi.us](mailto:fya@farmington.k12.mi.us)**

To ensure fairness, we work with other charities providing holiday assistance to eliminate duplication of requests.

If you have any questions about the information needed for the forms, please contact us at the phone number or email address shown above.

Thank you,

*Richard Lerner*

President  
The Farmington Area Goodfellows

**KEEP THIS LETTER.**

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## 2017 HOLIDAY ASSISTANCE APPLICATION

GOODFELLOWS USE ONLY  
FAMILY#

- **THURSDAY NOVEMBER 30, 2017** is the deadline for returning this application, proof of income and residency paperwork.
- **Mail to address shown above, fax to (1-248-986-1010), or email to [fagoodfellows@gmail.com](mailto:fagoodfellows@gmail.com)**
- **WEDNESDAY DECEMBER 6, 2017** is the deadline for resolving any and all questions/discrepancies regarding your application.
- **SATURDAY DECEMBER 16, 2017** is delivery day.
- **You must be home that morning between 8:30 am till NOON to accept the package delivery.**

**Please call if you have any questions or require help with this application:**

248-986-1111  
248-986-1010 fax

### PLEASE COMPLETE THIS APPLICATION, TOY AND DIAPER REQUEST FORMS

Family Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
Mother's Name:	<input type="text"/>	Father's Name:	<input type="text"/>
Street Address:	<input type="text"/>		
	<input type="checkbox"/> Farmington	<input type="checkbox"/> Farmington Hills	Zip Code: <input type="text"/>
Apt. Complex Name:	<input type="text"/>	Apt#:	<input type="text"/> Bldg#: <input type="text"/>
Cell Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Email:	<input type="text"/>		

Is your family enrolled in the Farmington Public School's Head Start/GSRP Program? YES  NO

List below all persons living in the household that are employed:

Name:	<input type="text"/>	Employer:	<input type="text"/>
Name:	<input type="text"/>	Employer:	<input type="text"/>
CHILD SUPPORT – NO _____ YES _____		IF YES	MONTHLY AMOUNT _____

### YOU MUST INCLUDE THE FOLLOWING DOCUMENTS

#### (SUBMIT ALL THAT ARE APPLICABLE)

- 2017 Current Pay Stub showing Year-to-Date Earnings
- 2016 Federal 1040 Tax Return (first page only) showing adjusted gross income (AGI)
- 2017 Current F.I.P. letter showing monthly cash assistance
- 2017 Social Security Disability (SSI, SSD) letter: for each family member showing monthly cash assistance.
- Unemployment letter or 2017 pay stub showing monthly cash assistance
- **NO (FAP) FOOD ASSISTANCE LETTERS ACCEPTED**

#### (SUBMIT ONE ONLY)

- 2017 Copy of your October, November, or December utility bill (Consumers Energy or DTE Energy) that **shows your NAME and ADDRESS**
- **NO PHONE OR CABLE BILLS ACCEPTED**
- Current Apartment Lease

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# 2017 FARMINGTON AREA GOODFELLOWS HOLIDAY TOY APPLICATION

For Goodfellows Use Only: FAMILY#

FAMILY  
NAME:

Circle Toy Ethnicity  
Preference:

African-American, Arabic, Asian, Caucasian, Hispanic, Other:

CHILD NAME	B/G	AGE	SCHOOL	TOY SUGGESTIONS		BOOK SUGGESTIONS
				1	2	
				3	4	
				1	2	
				3	4	
				1	2	
				3	4	
				1	2	
				3	4	
				1	2	
				3	4	

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## 2017 FARMINGTON AREA GOODFELLOWS DIAPER APPLICATION

For Goodfellow  
Use Only:  
Family#

**ONLY ONE SIZE  
DIAPER  
PER CHILD**

**3 years and  
Younger**

Last Name:

Address:

Child Name	Child Name	Child Name	Child Name	Child Name

### Diapers

Size	1,2				
	3				
	4				
	5				
	6				

### Pull Ups

2T - 3T	Girl				
3T - 4T	Girl				
4T - 5T	Girl				
2T - 3T	Boy				
3T - 4T	Boy				
4T - 5T	Boy				

### Good Nites

Sm/Md	Girl				
Lg/XL	Girl				
Sm/Md	Boy				
Lg/XL	Boy				