LCS Community Services

Christmas Basket Application

App #_____

Head of Household_____

Address _____

City _____

Phone _____

I, _____, hereby give my written consent for a representative of Our Daily Bread or its delegate to contact the Logan County Jobs and Family Services, Children's Services, other service agencies or my employer in order to determine eligibility of the Christmas basket. All applications will be tracked through Client Tracker at Lutheran Community Services.

Head of Household signature _____ **Date**_____

Social Security Numbers for everyone in the household

Name	Date of Birth	SSN	Name	Date of Birth	SSN

Give all sources of income & amounts for **EVERY** individual that resides at the above address. **MONTHLY** amounts please.

SSDI/SS/PENSION $_____ **PLACE OF EMPLOYMENT** _____ **WAGES $**_____

APPLICATION DEADLINE IS NOON, FRIDAY, NOVEMBER 13

RETURN APPLICATIONS TO OUR DAILY BREAD, BELLEFONTAINE ON
MONDAY AND FRIDAY 9:00 A.M. to NOON
WEDNESDAY 9:00 A.M. to NOON and 4:30-5:30 PM

If applicant has changes in their information, it is the applicant's responsibility to notify LCS Community Services at 937-592-9914

MAILED APPLICATIONS WILL NOT BE ACCEPTED*

Head of Household_____ App #_____

Address_____ Phone _____

**You must have custody of all children that are placed in the spaces below

**We offer gifts to those children ages 18 and under, put the age of the child as of 12/01/2026

**We DO NOT purchase gift cards, gaming systems, or electronics

Child's Name, Age, & Sex	Sizes	Toys/Gifts	Favorite Color	Hobbies