2023 Holiday of HEROs Program – Child Information Form

*Please return this form <u>BY NO LATER THAN FRIDAY</u>, <u>OCTOBER 6TH</u>, <u>2023</u>. *Please note that forms received after this deadline may not be fulfilled*. <u>Mailed forms must be received in our office by the deadline</u>.

GUIDELINES: (Be sure to read ALL guidelines before completing this form and signing the acknowledgment.)

Eligible children must be 19 years old or under AND meet one of the following criteria:

1) be a person living with HIV/AIDS,

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2) be affected by this disease (i.e. have an immediate family member living with HIV [mother, father, brother or sister]),

3) have an immediate family member who has died from complications related to HIV/AIDS, and/or

4) reside with an extended family member (i.e. grandmother, grandfather, aunt, uncle or cousin) who is living with HIV.

PARENT/GUARDIAN INFORMATION							
First Name	Last Name						Check if contact information needs to be
						upo	dated
Address			City, State & Zip Code				County
Home Phone	Parent/Guardian's Cell	Phone		Parent/C	Guardian's e-mail addres	SS:	
Agency and/or Case Manager Name (if applicable)			·		Contact Number		

	the donations and/or sponsorships HERO	receives f	or the 2023 Holiday	of HEROs Program	n. No gift is guaranteed.	
CHILD'S INFORMATION - #1						
First Name	Last Name	Age	Gender Identification for CI		game console. If checked,	
				lale console type: _		
Clothing size: (Please be as spec	<i>cific as possible regarding sizes)</i> Shirt:	Pan	ts:	Shoe size:	Socks size:	
Check the appropriate clothing category:				Check the appropriate clothi	ng category:	
□Baby □Toddler □Girls □.	Juniors 🗆 Women's 🗆 Boys – Regular 🛛	⊐Boys – Hi	usky ⊡Men's	🗆 Infant 🗆 Little K	ids 🗆 Big Kids 🗆 Adult	
Hobbies/Interests:						
Needs List: (1 gift item per line. Gift	card requests will not be considered.)	Wants L	ist: (1 gift item per li	ist. Gift card requests	s will not be considered.)	
1.	• •	1.	· •	·		
2.		2.				
3.		3.				
CHILD'S INFORMATION - #2						
First Name	Last Name	Age	Gender Identification for Cl	lothes 🗆 Has a video	game console. If checked,	
			□Female □N	lale console type:		
Clothing size: (Please be as spec	<i>cific as possible regarding sizes)</i> Shirt:	Pan	ts:	Shoe size:	Socks size:	
Check the appropriate clothing category:				Check the appropriate clothi	ng category:	
\Box Baby \Box Toddler \Box Girls \Box Juniors \Box Women's \Box Boys – Regular \Box Boys – Husky \Box Men's \Box Infant \Box Little Kids \Box Big Kids \Box Adult						
Hobbies/Interests:		<u> </u>			3	
Needs List: (1 gift item per line. Gift	card requests will not be considered.)	Wants L	ist: (1 gift item per li	ist. Gift card requests	s will not be considered.)	
1.	•	1.		•		
2.		2.				
3.		3.				
CHILD'S INFORMATION - #3						
First Name	Last Name	Age		l ^{lothes} ☐ Has a video Male console type: _	game console. If checked,	
Clothing size: (Please be as spec	cific as possible regarding sizes) Shirt:	Pan			Socks size:	
Check the appropriate clothing category:	· · · · · · · · ·			Check the appropriate clothi		
□Baby □Toddler □Girls □Juniors □Women's □ Boys – Regular □Boys – Husky □Men's □Infant □ Little Kids □ Big Kids □ Adult						
Hobbies/Interests:						
Needs List: (1 gift item per line Gift	card requests will not be considered.)	Wants I	ist: (1 aift item ner li	ist Gift card requests	s will not be considered.)	
1.		1.	iet. (i girt item per i			
2.		2.				
2. 3.		3.				

Please return this form by mail to H.E.R.O. for Children, Inc., ATTN: HOH 2023 Program, 580 W. Crossville Road, Suite 204, Roswell GA 30075, Fax to (470) 321-3106, or E-mail to holidayofheros@heroforchildren.org.

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Note: Gifts received will depend on the donations and/or s CHILD'S INFORMATION - #4	ponsorships HERO receives	s for the 2023 Holiday of HEROs Program. No gift is guaranteed.
First Name Last Name	Age	Gender Identification for Clothes □ Has a video game console. If checked, □ Female □ Male console type:
Clothing size: (Please be as specific as possible regardin Check the appropriate clothing category: Baby Toddler Girls Juniors Women's Labbia (Intersector)		Check the appropriate clothing category:
Hobbies/Interests:		
Needs List: (1 gift item per line. Gift card requests will not be	considered.) Want	s List: (1 gift item per list. Gift card requests will not be considered.)
2	2.	
<u>2.</u> 3.	3.	
CHILD'S INFORMATION - #5		
First Name Last Name	Age	Gender Identification for Clothes □ Has a video game console. If checked, □ Female □ Male console type:
Clothing size: (Please be as specific as possible regardin	<i>g sizes)</i> Shirt: Pa	ants: Shoe size: Socks size:
Check the appropriate clothing category:		Check the appropriate clothing category:
□ Baby □ Toddler □ Girls □ Juniors □ Women's □	Boys – Regular Boys –	Husky □Men's □Infant □ Little Kids □ Big Kids □ Adult
Hobbies/Interests:		
Needs List: (1 gift item per line. Gift card requests will not be	considered.) Want	s List: (1 gift item per list. Gift card requests will not be considered.)
1.	1.	
<u>2.</u> 3.	2.	
	3.	
CHILD'S INFORMATION - #6 First Name Last Name	Age	Gender Identification for Clothes Has a video game console. If checked,
Clothing size: (Please be as specific as possible regardin	<i>q sizes)</i> Shirt: Pa	
Check the appropriate clothing category:		Check the appropriate clothing category:
□Baby □Toddler □Girls □Juniors □Women's □	Boys – Regular Boys –	Husky □Men's □Infant □ Little Kids □ Big Kids □ Adult
Hobbies/Interests:		
Needs List: (1 gift item per line. Gift card requests will not be	considered.) Want	s List: (1 gift item per list. Gift card requests will not be considered.)
1.	1.	
2. 3.	2.	
	3.	
CHILD'S INFORMATION - #7 First Name Last Name	Ago	
	Age	Gender Identification for Clothes □ Has a video game console. If checked, □ Female □ Male console type:
Clothing size: (Please be as specific as possible regardin	<i>g sizes)</i> Shirt: Pa	ants: Shoe size: Socks size:
Check the appropriate clothing category:		Check the appropriate clothing category:
Baby Toddler Girls Juniors Women's	Boys – Regular Boys –	Husky □Men's □Infant □ Little Kids □ Big Kids □ Adult
Hobbies/Interests:		
Needs List: (1 gift item per line. Gift card requests will not be	considered.) Want	s List: (1 gift item per list. Gift card requests will not be considered.)
1.	1.	
<u>2.</u> 3.	2.	
3.	3.	

By signing below, I,_

__, acknowledge that all children listed meet the eligibility requirements for participation in

Date

the Holiday of HEROs program.

I attest and certify that all information provided is true and accurate to the best of my knowledge. Furthermore, I understand that any falsification will result in the immediate suspension of my child(ren) from H.E.R.O. for Children programs.

Parent/Guardian/Case Manager Signature

Please return this form by mail to H.E.R.O. for Children, Inc., ATTN: HOH 2023 Program, 580 W. Crossville Road, Suite 204, Roswell GA 30075, Fax to (470) 321-3106, or E-mail to holidayofheros@heroforchildren.org.