JONES COUNTY CARE AND SHARE APPLICATION

***FAMILIES MUST LIVE IN JONES COUNTY ***CHILDREN MUST RESIDE WITHIN YOUR HOUSEHOLD

Parent Name:		Email:	
Address:		Phone:	
availability. Children need to be living in	the home of the appl children live with the	n, 2025. Applications received after this date wallicant full time. Grandparents or other relatives m. If you move or change your contact informate by be given to another family.	s may only apply if they
If available, I could use a food bas	ket	or cleaning supplies	·
This program is for children 12 year than \$20 is suggested.	ers of age and you	inger. Please list items that are reasona	able in price, less
Name:	Age:	Name:	Age:
Birthdate:	Sex:	Birthdate:	Sex:
Clothing Sizes:		Clothing Sizes:	
Pants:		Pants:	
Tops:		Tops:	
Toy Item:		Toy Item:	
Name:	Age:	Name:	Age:
Birthdate:	Sex:	Birthdate:	Sex:
Clothing Sizes:		Clothing Sizes:	
Pants:		Pants:	
Tops:		Tops:	
Toy Item:		Toy Item:	
Please return the completed form	by November 14	th, 2025 to insure a gift for your child.	
	rticipating Care a	Council to release any information per nd Share organizations. I also understanot be helped this year.	•
Signature		 Date	

Return form to: Sherri Hunt or Julie Finn, 105 Broadway Place, Suite 17, Anamosa or email sherri.hunt@jonescountyiowa.gov

Use this side also if needed.

This program is for children 12 years of age and younger. Please list items that are reasonable in price, less than \$20 is suggested.

Name:	Age:	_ Name:	Age:
Birthdate:	Sex:	Birthdate:	Sex:
Clothing Sizes:		Clothing Sizes:	
Pants:		Pants:	
Tops:		Tops:	
Toy Item:		Toy Item:	
Name:	Age:	Name:	Age:
Birthdate:	Sex:	Birthdate:	Sex:
Clothing Sizes:		Clothing Sizes:	
Pants:		Pants:	
Tops:		Tops:	
Toy Item:		Toy Item:	