



AGENCY REFERRAL 2024

Referring Agency: _____

DEADLINE to submit this form (with wish list): Friday, October 25, 2024 by 5:00pm

Two Options to Submit Agency Referral and Wish List:

1. Submit via email scfund307@gmail.com
2. Submit online at <https://forms.gle/BdvCZoj2sMbkoQU96> (**Strongly recommended**)

Parent/Guardian #1's full name: _____ Parent/Guardian #1's Cell: _____

Parent/Guardian #2's full name: _____ Parent/Guardian #2's Cell: _____

Parent/Guardian's PHYSICAL address (**NO PO BOXES**): _____

Parent/Guardian's email address: _____

Number of children (18 years or younger) that live with parents in Teton County, WY: _____

Child #1

First Name: _____

Age: _____

Date of Birth: _____

Child #2

First Name: _____

Age: _____

Date of Birth: _____

Child #3

First Name: _____

Age: _____

Date of Birth: _____

Child #4

First Name: _____

Age: _____

Date of Birth: _____

Child #5

First Name: _____

Age: _____

Date of Birth: _____

Child #6

First Name: _____

Age: _____

Date of Birth: _____

Are the parents non or limited English speakers? Yes No

I, the undersigned, refer the above family and attest to their current situation. Without assistance, they will not be able to provide Christmas gifts for their child/children. I understand all referrals must live in Teton County, WY in order to qualify for aid from the Santa Claus Fund.

Name of referring staff: _____ Signature: _____

Phone number of referring staff: _____

Email address of referring staff: _____