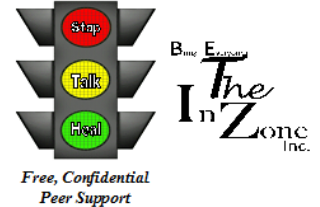




Bell County Human  
Services HELP Center  
718 N. 2nd, Suite B  
Killeen, TX 76541



Food Care Center, Killeen  
210 N. 16th Street  
Killeen, TX 76541



Bring Everyone In The Zone  
718 N. 2nd, Suite B  
Killeen, TX 76541

## **Attention City of Killeen Residents! 2015**

From: Bell County Human Services-Killeen – Food Care Center, Killeen -- Bring Everyone In The Zone, Inc. -  
Exchange Club of Killeen – Killeen NAACP Youth Unit #6777, American Legion Auxiliary 223

Subject: Thanksgiving Basket, Christmas Basket and Santa Pal Applications

Applications for the 2015 Santa Pal Program will be accepted at Bell County Human Services HELP Center – Killeen from 9:00 a.m. to 2:00 p.m. on October 27<sup>th</sup>, October 28<sup>th</sup>, and October 29<sup>th</sup>. Applicants must apply in person at the Bell County Human Services location above.

This program is available to any Killeen resident with children 2-12 years of age. Children must be included on your tax return. Food baskets are limited to households greater than two people. The Killeen NAACP Youth will be providing Thanksgiving Dinner at the Killeen Housing Authority on Saturday November 17<sup>th</sup> from 11 until 2. Individuals and Couples are encouraged to sign up to share your meal with others in the community at that time. There are a limited number of applications available on a first come, first serve basis.

Applications will not be accepted without the following documentation:

- TX ID/DL showing a Killeen, TX address. Must be a Killeen resident.
- If military: DD214 (Need Member Copy Number 4), Certificate of Honorary Discharge, ebenefits, VA Eligibility Letter or VA Card if military (or any form of verification recognized by the TVC, FVA)
- Proof of income for the last 60 calendar days, to include:
  - ◊ Social Security Supplemental Security Income (SSI) award letter 2015.
  - ◊ Social Security Disability Insurance (SSDI) award letter 2015.
  - ◊ Unemployment benefits statement.
  - ◊ Supplemental Nutrition Assistance Program (SNAP) award letter.
  - ◊ Child Support statement.
  - ◊ Pay stubs
  - ◊ Temporary Assistance for Needy Families (TANF) benefit statement.
  - ◊ Veterans Affairs/ Department of Defense pension statement(s).
  - ◊ Workers Compensation benefits statement.
- Current Lease Agreement.
- Last 60 days banking transaction history all accounts.
- Copy of last tax return.
- Current Water Bill.

Approved applicants will be notified by email of when and where to pick-up toys and baskets.



Killeen NAACP Youth Unit #6777  
PO Box 1623  
Killeen, TX 76540-1623



American Legion 223 Auxiliary  
PO Box 972  
Killeen, TX 76540-0872



### Thanksgiving Food Donation Pick-up Slip

Application # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Initial below:

You must pick up your food by \_\_\_\_\_ on \_\_\_\_\_ or you will lose your food donation. \_\_\_\_\_



### Thanksgiving Food Donation Pick-up Slip

Application # \_\_\_\_\_

Name: \_\_\_\_\_

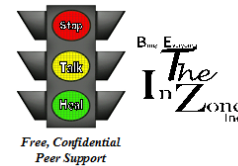
Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Initial below:

You must pick up your food by \_\_\_\_\_ on \_\_\_\_\_ or you will lose your food donation. \_\_\_\_\_



### Thanksgiving Food Donation Pick-up Slip

Application # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Initial below:

You must pick up your food by \_\_\_\_\_ on \_\_\_\_\_ or you will lose your food donation. \_\_\_\_\_



### Christmas Food Donation Pick-up Slip

Application # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Initial below:

You must pick up your food by \_\_\_\_\_ on \_\_\_\_\_ or you will lose your food donation. \_\_\_\_\_



### Christmas Food Donation Pick-up Slip

Application # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Initial below:

You must pick up your food by \_\_\_\_\_ on \_\_\_\_\_ or you will lose your food donation. \_\_\_\_\_



### Christmas Food Donation Pick-up Slip

Application # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Initial below:

You must pick up your food by \_\_\_\_\_ on \_\_\_\_\_ or you will lose your food donation. \_\_\_\_\_