



Application #:
For internal use only

Sign up for BCAC's Elf Warm Clothing Program!

This program is for income eligible children ages 0-12 and proof of income is required. Please fill out the form below with you and your child's information. Please complete ALL information on this form!

Parent / Guardian Name: _____ Parent Date of Birth: _____

Spouse / Partner Name: _____ Today's Date: _____

Address: _____ Total # living in Household: _____

City / Town: _____ Zip Code: _____

Home Phone #: _____ Cell Phone: _____

Total Gross Household Income: _____ Spouse / Partner Phone: _____

Does your family receive any of the following? If yes, put a check next to the service :

Fuel Assistance Mass Health EBT / SNAP HeadStart

Please fill out the information below for all children age 0-12

Child's First & Last Name	Date of Birth	Boy or Girl	Shirt Size	Pant Size	Coat Size	Boot Size <small>Child, Youth or Adult?</small>
EXAMPLE: Donald Duck	01/01/15	Boy	5/6	7/8	5/6	12C
1.						
2.						
3.						
4.						
5.						
6.						

Last date to apply is November 5!

PLEASE NOTE: Due to COVID-19, we will be operating under a contact-less pick up system at our BCAC Pittsfield office. You will receive all information that you need for the contact-less pick up when your pick up time is scheduled.

Please initialing below to agree that the phone number you have provided above is the number that we can reach you during the Warm Clothing Program. We will be unable to take new phone numbers during the Warm Clothing Program. We WILL **CALL / TEXT YOU** (Circle preferred method) when items are ready for a **SCHEDULED** pick up or appointment time. You will be given a CODE and TIME for Pick-Up or Appointment. You must provide the code during your scheduled pick up or appointment. NO EXCEPTIONS.

_____ **Initial Here**

The gifts that you receive have been donated by sponsors, and while you will receive your child's correct size we have no control over other aspects of your order like color or style etc. By initialing below, you agree to accept ALL gifts that you will receive in your order.

_____ **Initial Here**

By initialing below I acknowledge that is my responsibility to pick up my child's gifts from the BCAC Pittsfield office and unless I am otherwise instructed, I agree to pick up my order when it is scheduled and I acknowledge that the **VERY LAST DAY** to pick up my child's gifts is December 11.

_____ **Initial Here**

By initialing below, I understand that BCAC will make 3 attempts to call or text to schedule my appointment. If after 3 attempts I fail to pick up my bag at my scheduled pick up time from BCAC my clothing will be returned to the shelf.

_____ **Initial Here**

Print Name: _____

Signature: _____

Mail or drop off this completed form to:

Pittsfield / South

1531 East Street
Pittsfield, MA 01201

Questions? Call Melissa
Call 413-418-3668

We have envelopes and our secure mail slot is available outside of our BCAC Pittsfield office and it is accessible 24/7 and 7 days a week.

Do you live in North County?
Call 413-663-3014 to get their application

Please complete ALL of the information on this form!
Last date to apply is November 5!