

# ANGEL TREE 2025

## Must Have:

- 🧸 Photo Id of Parent or Legal Guardian
- 🧸 SS Cards For All Children
- 🧸 Income Verification
- 🧸 Proof of Residence (No P.O. Boxes will be accepted for proof of residence)
- 🧸 DHS Form (Housing Authority Information) *If applicable*
- 🧸 CBID Member *If applicable*
- 🧸 No Application Will Be Taken Under Consideration Unless All Information Requested Is Provided

**Youth Services for Choctaw, Pushmataha, and McCurtain Counties, INC.**

**410 South F St. Hugo, OK 74743**

**Phone: (580)326-3382**

**Fax: (580)326-3383**

**Email: [ys4cpm@yahoo.com](mailto:ys4cpm@yahoo.com)**

- 🧸 **Applicants may only apply for Angel Tree, if they have not applied for Toys for Tots, or any other local program!**

🧸 **PLEASE MAKE SURE TO SPECIFY CHILD(REN)'S SIZES BY CIRCLING EITHER ADULT, YOUTH, TODDLER, OR INFANT TO ENSURE CORRECT SIZES ARE PURCHASED.**

# Angel Tree Application

Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

## Children in the household under the age of 18:

Name: _____	Name: _____
SS#: _____	SS#: _____
Age: _____ Race: _____ Girl or Boy	Age: _____ Race: _____ Girl or Boy
Size: Shirt _____ <b>Adult Youth Todd Inf</b>	Size: Shirt _____ <b>Adult Youth Todd Inf</b>
Pants: _____ <b>Adult Youth Todd Inf</b>	Pants: _____ <b>Adult Youth Todd Inf</b>
Shoes: _____ <b>Adult Youth Todd Inf</b>	Shoes: _____ <b>Adult Youth Todd Inf</b>
Jacket: _____ <b>Adult Youth Todd Inf</b>	Jacket: _____ <b>Adult Youth Todd Inf</b>
Wish Gift: _____	Wish Gift: _____
CDIB card holder: _____ Yes _____ No	CDIB card holder: _____ Yes _____ No

Name: _____	Name: _____
SS#: _____	SS#: _____
Age: _____ Race: _____ Girl or Boy	Age: _____ Race: _____ Girl or Boy
Size: Shirt _____ <b>Adult Youth Todd Inf</b>	Size: Shirt _____ <b>Adult Youth Todd Inf</b>
Pants: _____ <b>Adult Youth Todd Inf</b>	Pants: _____ <b>Adult Youth Todd Inf</b>
Shoes: _____ <b>Adult Youth Todd Inf</b>	Shoes: _____ <b>Adult Youth Todd Inf</b>
Jacket: _____ <b>Adult Youth Todd Inf</b>	Jacket: _____ <b>Adult Youth Todd Inf</b>
Wish Gift: _____	Wish Gift: _____
CDIB card holder: _____ Yes _____ No	CDIB card holder: _____ Yes _____ No

**Current recipient from Department of Human Services: Yes \_\_\_\_\_ No \_\_\_\_\_**

**DHS Housing Form is Needed!**

This is only a request for your family to be considered for the Angel Tree. This does not guarantee that you will be selected for the program. All applications will be reviewed by a committee for approval. If you are selected to receive gifts from the Angel Tree program or denied, you will be notified.

I give my permission to release information about my circumstances including but not limited to Department of Human Services, school verification, utility verification, and any other household information to Youth Services for Choctaw, Pushmataha, and McCurtain Counties Inc.

Signature: \_\_\_\_\_

**APPLICATIONS MUST BE TURNED IN WITH ALL FORMS BY TUESDAY, NOVEMBER 25, 2025 AT 3PM.**

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