2025 Holiday of HEROs Program - Child Information Form

*Please return this form <u>BY NO LATER THAN FRIDAY, OCTOBER 3RD, 2025.</u> Please note that forms received after this deadline may not be fulfilled. <u>Mailed forms must be received in our office by the deadline</u>.

GUIDELINES: (Be sure to read ALL guidelines before completing this form and signing the acknowledgment.)

- Eligible children must be 19 years old or under <u>AND</u> meet one of the following criteria:
 - 1) be a person living with HIV/AIDS,
 - 2) be affected by this disease (i.e. have an immediate family member living with HIV [mother, father, brother or sister]),
 - 3) have an immediate family member who has died from complications related to HIV/AIDS, and/or
 - 4) reside with an extended family member (i.e. grandmother, grandfather, aunt, uncle or cousin) who is living with HIV.

PARENT/GUARDIAN INFORMATION							
First Name	Last Name				☐ Check if contact information needs to be		
					updated		
Address		City, State & Zip Code		County			
Home Phone	Parent/Guardian's Cell Phone		Parent/i	Guardian's e-mail addre	966.		
Tione Thore	Turchiy Guardian's Gent Hone		i diciii	Guardian 3 c mair addre			
Referral Agency and Case Manager Name (if applicable)				Case Manager's Cor	ntact Number		
	donations and/or sponsor	r <mark>ships HERO rec</mark> e	ives for	the 2025 Holiday	of HEROs Program. No gift is guaranteed.		
CHILD'S INFORMATION - #1	Last Nama	Λα		O d 1			
First Name	Last Name	Ag	e (Gender Identification for Clot	Has a video game console. If checked,		
Clothing size: Check the appropriate c	<i>clothing category:</i> Ton Size:	L Botton			Provide footwear size:		
☐ Infant (0-24 months) ☐ Toddler (2					☐ Infant ☐ Little Kids ☐ Big Kids ☐ Adult		
☐ Teen/Juniors (0-15, XS-XL) ☐ Adu					Shoe size: Socks size:		
What are his/her/their likes and disli		.,	(0 0)	,, 20 12 maioty			
Needs List: (1 gift item per line. Gift card	I requests WILL NOT be con-	sidered) W	lants I is	t· (1 aift item ner lis	st. Gift card requests WILL NOT be considered.)		
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CHILD'S INFORMATION - #2	Loot Name	Λ					
First Name	Last Name	Ag			Has a video game console. If checked,		
Clothing size: Check the appropriate c	clothing category. Top Size.	I Bottor			ale console type:		
☐ Infant (0-24 months) ☐ Toddler (2					☐ Infant ☐ Little Kids ☐ Big Kids ☐ Adult		
☐ Teen/Juniors (0-15, XS-XL) ☐ Adu		•	•	·	Shoe size: Socks size:		
What are his/her/their likes and disli		.,	(0 0)	., 20 .2			
Needs List: (1 gift item per line. Gift card	I requests WILL NOT be con:	sidered.) W	ants Lis	t: (1 aift item per lis	st. Gift card requests WILL NOT be considered.)		
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CHILD'S INFORMATION - #3 First Name	Last Name	Ag	0 /	Condon Idontification for Clat	the later to the l		
Tistivanie	Lastivaille	Ag		Gender Identification for Clot ☐ Female ☐ Ma	thes ☐ Has a video game console. If checked, ale console type:		
Clothing size: Check the appropriate c	<i>clothing category:</i> Top Size:	Bottor			Provide footwear size:		
☐ Infant (0-24 months) ☐ Toddler (2					☐ Infant ☐ Little Kids ☐ Big Kids ☐ Adult		
☐ Teen/Juniors (0-15, XS-XL) ☐ Adu	-	•	•		Shoe size: Socks size:		
What are his/her/their likes and disli				, , , , , , , , , , , , , , , , , , , ,			
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Note: Gifts received will depend on the donations and/or sponsorships HERO receives for the 2024 Holiday of HEROs Program. No gift is guaranteed.							
CHILD'S INFORMATION - #4 First Name Last Name		Age	Condor I double - 11 - 15 - 01	lether			
Last Name		Age	Gender identification for Cl	othes Has a video game console. If checked,			
Ola Haliana di ang Ola ada tha ang mang data ada tha mang da	T C' D-	- !! C'		Male console type:			
Clothing size: Check the appropriate clothing category: Top Size: Bottom Size: Provide footwear size:							
\square Infant (0-24 months) \square Toddler (2T-5T) \square Kid \square Little (XS-S; 4-7) \square Kid			,	☐ Infant ☐ Little Kids ☐ Big Kids ☐ Adult			
□ Teen/Juniors (0-15, XS-XL) □ Adult - Women's (XS – 3X, 0-24) □ Adult – Men's (S-3X, 28-42 waist) Shoe size: Socks size:							
What are his/her/their likes and dislikes?							
Needs List: (1 gift item per line. Gift card requests WI	LL NOT be considered.)	Wants L	ist: (1 gift item per l	ist. Gift card requests WILL NOT be considered.)			
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CHILD'S INFORMATION - #5 First Name Last Name		Age	Gender Identification for CI	othes			
		7.90		lothes Has a video game console. If checked, lale console type:			
Clothing size: Check the appropriate clothing category	gory: Top Size: Bo	ottom Size	:	Provide footwear size:			
☐ Infant (0-24 months) ☐ Toddler (2T-5T) ☐ K							
☐ Teen/Juniors (0-15, XS-XL) ☐ Adult - Women's (XS – 3X, 0-24) ☐ Adult – M							
What are his/her/their likes and dislikes?	,,, <u>,,,,,</u>	(0	, == 12				
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CHILD'S INFORMATION - #6		0.					
First Name Last Name		Age	Gender Identification for CI	othes Has a video game console. If checked,			
			□Female □M	Male console type:			
Clothing size: Check the appropriate clothing cated	gory: Top Size: Bo	ottom Size		Provide footwear size:			
□ Infant (0-24 months) □ Toddler (2T-5T) □ Kid – Little (XS-S; 4-7) □ Kid – Big (M-XL; 8-18) □ Infant □ Little Kids □ Big Kids □ Adult							
□Teen/Juniors (0-15, XS-XL) □Adult - Women's		0 1	•	Shoe size: Socks size:			
What are his/her/their likes and dislikes?		`	, ,				
Needs List: (1 gift item per line. Gift card requests WILL NOT be considered.)			Wants List: (1 gift item per list. Gift card requests WILL NOT be considered.)				
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CHILD'S INFORMATION - #7							
First Name Last Name		Age	Gender Identification for CI	lothes Has a video game console. If checked, console type:			
Clothing size: Check the appropriate clothing cated	garu: Tan Siza: Da			Provide footwear size:			
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□ Infant (0-24 months) □ Toddler (2T-5T) □ Kid – Little (XS-S; 4-7) □ Kid – Big (M-XL; 8-18) □ Infant □ Little Kids □ Big Kids □ Adult							
☐ Teen/Juniors (0-15, XS-XL) ☐ Adult - Women's (XS – 3X, 0-24) ☐ Adult – Men's (S-3X, 28-42 waist) ☐ Shoe size: Socks size:							
What are his/her/their likes and dislikes?							
Needs List: (1 gift item per line. Gift card requests WILL NOT be considered.)			Wants List: (1 gift item per list. Gift card requests WILL NOT be considered.)				
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By signing below, I,, acknowledge that all children listed meet the eligibility requirements for participation in the Holiday of HEROs program.							
and Honday of HEROO programs							
I attest and certify that all information provided is true and accurate to the best of my knowledge. Furthermore, I understand that any falsification will result in the							
immediate suspension of my child(ren) from H.E.R.O. for Children programs.							
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Parent/Guardian/Case Manager Signature	_	•	Date				