



Roosevelt City Police Department

255 SOUTH STATE STREET (36-8) ROOSEVELT, UTAH 84066

TELEPHONE (435)722-2330 FAX (435)722-2342

Proof of residency (utility company or credit card bill, doctor or hospital bill, blank statement or bank transaction receipt, pre-printed pay stub, dated within 60 days of the application) must be provided.

You must be sponsored by a clergy or program from which you are receiving assistance.

All fields are required. A telephone number must be provided with this form. No one 12 years of age or over is eligible to participate. On the shopping day, your child will need to be present in order to shop.

Person Referring Child/Children

Signature

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Information about children participating (Required)

Child's Name

Age

Grade

| Child's Name | Age | Grade |
|--------------|-----|-------|
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| | | |

Name of Responsible Party (Required)

First

Last

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Relationship to Child (Required)

Parent

Guardian

Address (Required)

Street

City

Zip

| | | |
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Telephone Number (Required)

Best Time to Call

| | | | |
|--|--|----|----|
| | | AM | PM |
|--|--|----|----|

Total Annual Household Income (Required)

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Number of Persons in the Household (Required)

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Have you recently been laid off? (Required)

Yes

No

Name of School

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Have you applied for assistance from any other organizations? (Required)

Yes

No

By completing and signing this document, you give the Roosevelt Police Department the right to make inquiries with other organizations about assistance you are receiving.

Signature

Date

Please attach proof of residency

Application must be submitted by December 8, 2025