



CENTRAL BELL COUNTY FIRE & RESCUE

84 NORTH MAIN STREET - NOLANVILLE, TEXAS 76559

Ph. (254) 698-6891 <http://www.cbefr.org> Fax (254) 698-3066

"PROVIDING QUALITY SERVICE TO A GROWING COMMUNITY"

Chief Of Department: Jason Worsdale

RESCUE ELVES APPLICATION ELIGIBILITY

CHILDREN MUST LIVE IN YOUR HOUSEHOLD

PROOF OF IDENTITY, INCOME AND RESIDENCE IS REQUIRED

The Rescue Elves Program is for children 18 months – 12 years old

Return Applications & Documents to our main station at 100 N. Main Street, Nolanville

The cutoff for applications is December 15th by close of business (5pm).

Must live within our district.

REQUIRED DOCUMENTS:

FOR ADULTS

Government Issued Picture ID, Driver's License,
Green Card OR both of the following:

- Birth Certificate
- Social Security Card

Proof of ALL Household Income for the past 30
days:

- SSI or SSDI Award Letter
- Check Stubs (past 30 days)
- Letter from employer with name address
and past 30 day income

Proof of Current Residence (must have 2):

- State Issued ID or Driver's License (with
current address)
- Lease Agreement
- Utility Bill in Your Name (Electric, Water,
or Gas)

FOR CHILDREN

Must have 2 of the following:

- Birth Certificate
- Social Security Card
- Medicaid Card
- Food Stamp / TANF Award Letter

MUST submit ALL documents with application

Applications can only be submitted to ONE agency

DUPLICATE APPLICATIONS WILL RESULT IN ALL APPLICATIONS BEING DENIED

We share our list with other agencies. No Exceptions.



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RESCUE ELVES APPLICATION

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

Number of People in Household: _____ Phone Number: _____

Annual Income: _____ Source: _____

Do you receive aid/assistance from any other organization? _____

If Yes – What Organization? _____

Have you applied for Holiday assistance through any other organization (i.e. churches, Angel Tree, Etc)

YES /NO (circle one) If Yes – What Organization? _____

PLEASE COMELETE THE FOLLOWING FOR ALL CHILDREN IN YOUR HOUSEHOLD (Use additional pages if necessary:

CHILD'S NAME	AGE	MALE/FEMALE	PANT SIZE	SHIRT SIZE

FOR OFFICE USE ONLY BELOW

INTERVIEWED BY: _____ DATE: _____

HOME VISIT DATE: _____

APPROVED / DENIED: _____

ITEMS DELIVERED BY: _____ DATE: _____