



**United Cerebral Palsy of the Golden Gate (UCPGG)  
6th Annual Ultimate Holiday Party - Gift Application  
PLEASE PRINT CLEARLY  
MUST BE COMPLETED IN FULL TO BE CONSIDERED**

**CONTACT INFORMATION**

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City, Zip Code \_\_\_\_\_

**APPLICANT PROFILE**

Primary Diagnosis (i.e., Muscular Dystrophy, CP, autism, spina bifida, etc.) \_\_\_\_\_

Secondary Diagnosis (if any) \_\_\_\_\_

Assistive Equipment Devices Used (i.e., wheelchair, walkers, etc.) \_\_\_\_\_

**SERVICE PROVIDERS**

Regional Center Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which center? \_\_\_\_\_

California Children Services Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which location? \_\_\_\_\_

School District \_\_\_\_\_

Other Services Received (List services and provider) \_\_\_\_\_

\_\_\_\_\_

**HOLIDAY GIFT WISH (please list categories i.e. switch toys, electronic gaming controllers, etc.)**

\_\_\_\_\_

\_\_\_\_\_

Please note: **The application deadline is Monday NOVEMBER 21<sup>st</sup>, 2008.** We will be selecting recipients from: Alameda, Contra Costa, San Francisco and Marin counties. Please contact Karen Glatze, Holiday Party Coordinator at (510) 832-0431 or via e-mail [kglatze@ucpgg.org](mailto:kglatze@ucpgg.org) if you have any questions.