

City of Cheviot Shop with a Hero Program

Family Nomination Form-

The **City of Cheviot Shop with a Hero Program** is designed to help local families experience a little extra joy during the holiday season. Through the generosity of our community sponsors and volunteers, selected Cheviot families will have the opportunity to participate in this special holiday program.

Families may be **nominated by a parent/guardian, teacher, neighbor, friend, or other member of the community** who feels a Cheviot family could benefit from this program.

Eligibility Requirements

To be considered for the Shop with a Hero Program:

- The family must be a **current resident of the City of Cheviot, Ohio.**
- The nominated child/children must be **under 18 years of age.**
- The child/children must **live with the parent/guardian residing in Cheviot.**
- The family must be able to **provide proof of Cheviot residency** if selected.
- Submission of an application does not guarantee selection. Families will be selected based on the information provided and the number of families the program is able to assist.

FAMILY INFORMATION

Parent/Guardian Name:

Address: _____

City/State/ZIP: Cheviot, OH 45211

Phone Number: _____

Email Address: _____

Children Living in the Household

Child's Name, Age, Grade School, Clothing Size

NOMINATION INFORMATION

Who is submitting this nomination?

- ☐ Parent/Guardian nominating my own family
- ☐ Teacher/School Staff
- ☐ Neighbor
- ☐ Friend
- ☐ Relative
- ☐ Other: _____

Nominator's Name:

Nominator's Phone Number:

Nominator's Email:

Relationship to the Family:

If you are nominating another family, please provide the parent/guardian's name and contact information above so the City can contact the family if they are selected.

TELL US ABOUT THE FAMILY

Why are you nominating this family for the Shop with a Hero Program?

Please share anything you feel would help the selection committee understand the family's circumstances or why this program would be meaningful to them. You do not need to provide sensitive or highly personal information.

Are there any circumstances or special considerations you would like us to be aware of?

WHAT WOULD MAKE THE HOLIDAY SPECIAL?

If you are comfortable sharing, please tell us a little about the children's interests, hobbies, favorite activities, or holiday wishes.

Child 1: _____

Interests/Hobbies: _____

Child 2: _____

Interests/Hobbies: _____

Child 3: _____

Interests/Hobbies: _____

Child 4: _____

Interests/Hobbies: _____

PROOF OF RESIDENCY

Families selected for the program will be required to provide **proof of current residency within the City of Cheviot.**

Acceptable documentation may include:

- Current utility bill
- Lease or mortgage statement
- Property tax documentation
- Other documentation approved by the City

Please do not submit sensitive documents with this nomination form unless specifically requested by the City.

CERTIFICATION

By submitting this nomination, I certify that the information provided is true and accurate to the best of my knowledge.

I understand that:

- The nominated family must reside within the **City of Cheviot.**
- Children participating in the program must be **under 18 and live with the nominated parent/guardian.**
- The City may contact the nominated family to verify eligibility and obtain additional information.
- Submission of a nomination does not guarantee that the family will be selected.
- If selected, the family will be required to provide proof of residency.

Signature of Nominator:

Date: _____

RETURN NOMINATION FORM TO:

City of Cheviot

Shop with a Hero Program

3814 Harrison Avenue

Cincinnati, OH 45211

Phone: 513-661-2700

All nominations will be treated with care and discretion. The City of Cheviot appreciates your help in making the holiday season a little brighter for local families.

APPLICATIONS MUST BE RECEIVED BY 10/30/26