



Livingston County Shop With A Cop

Do you know a Livingston County child age 5 to 14 who has been impacted by the legal, court, or child welfare systems?

Livingston County law enforcement agencies with the outstanding support of Walmart, Livingston County Department of Health and Human Services, Livingston Family Center, and The Well Church are planning the 20TH annual day to “Shop with a Cop” for selected children on

December 7, 2024 at 8:00AM

The Livingston County Department of Health and Human Services is coordinating the selections and would like your nominations.

TO NOMINATE A CHILD:

- ✓ Please complete the attached form. Referrals will be accepted on this form only.
- ✓ Write a detailed statement as to **how the child has been impacted by the legal, court, or child protective services systems**. Due to limited space, your statement may be the determining factor in the selection process.
- ✓ Please make sure one form is completed per child (no siblings on the same form).
- ✓ **Please make sure the release is signed by a legal parent or guardian.**
- ✓ When the children are selected, the appropriate caregivers will be notified by mail.
- ✓ Please include phone numbers for last minute notifications.

A NOMINATION IS NOT A GUARANTEE THAT THE CHILD WILL BE SELECTED.

There will be a committee meeting held in November to select the children and the parent/guardian will be notified by mail with specific instructions. Only the children selected will be able to participate. It is important if there are any address changes that we be notified as soon as possible.

If you have any further questions, contact Lacey Hinton at the Livingston County DHHS at 517-715-9775 or HintonL@michigan.gov or Angela Parth at 810-623-5892 or angelap@livfc.org.

Please return the nomination form by **November 1, 2024** to
“Shop with a Cop” c/o
Livingston County DHHS
2300 E. Grand River Ave, Suite 1
Howell, Michigan 48843-7577
Or fax (517) 548-0298

SHOP WITH A COP

2024 Livingston County Nomination Form



Please complete one form per child, and please print.

Child's Name _____

Child's Age/Gender _____

Parent/Guardian Name _____

Child's Address _____

City _____

State _____

MI _____

Zip Code _____

Telephone _____

Did this child
participate before? _____

If yes, What Year? _____

Write a detailed statement as to why you are nominating the above named child and how they have been impacted by the legal, court, or child protective services systems. (Information on nomination forms are kept confidential)

THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN:

Release: In consideration of accepting this nomination, I, the undersigned, intending to be legally bound hereby for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against anyone or any organization associated with this event. I will additionally permit the free use of my and my child's name and pictures in broadcasts, newspapers, etc.

Signed _____

Dated _____

Printed Name _____

Referring Agency _____

Referring Worker
(Optional) _____

Telephone Number _____

E-Mail _____

Please return the nomination form by

**November 1, 2024 to
"Shop with a Cop" c/o
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2300 E. Grand River Ave, Suite 1
Howell, Michigan 48843-7577
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Selection Committee Only:

Selection Number _____

Registration Number _____

Accepted ___ Yes ___ No-Reason: _____