



# Mining City Christmas & Holiday Giving Program Senior Program Rules MUST BE 62 or OLDER TO APPLY

Please read the following rules of the Mining City Christmas Program carefully. If the rules are not followed, applicants may be removed from the program and future eligibility may be impacted.

**Approval and Non-Approval Notices:** You will receive notification via telephone for the following: further questions on application, missing information on application, or denial of application for the Mining City Christmas Program. Please make sure when filling out the application that you have included a working phone number so that we may reach you. If approved for the program, you will receive notification via telephone for picking up your items starting December 3, 2018 through December 14, 2018. If you do not receive a telephone notification within that time period, you may contact the Mining City Christmas message line at 406-533-6842.

**One Application per household:** Please submit only one application per household. Only one application will be accepted.

**Applying for someone other than yourself:** If for any reason you are unable to complete the application, please let our agency know and our committee will help. Please complete the application for your family.

**Thank you letter:** Our agency and partners strongly encourage you and your family to write a thank you note. The businesses and individuals who donated funds so that your family could enjoy a nice holiday like to hear how much you appreciate it.

**Applying for another holiday giving program:** Our agency shares our lists with all holiday giving programs in our community. Our agency will not assist applicants who apply for other holiday giving programs.

**Pick-Up:** If approved for the Mining City Christmas Program, you will need to bring the Mining City Christmas ID# given to you during your approval telephone call and a photo ID in order to pick up your items. Only the applicant may pick up the items.

I have read and understand the rules of the Mining City Christmas Program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



# Mining City Christmas

## & Holiday Giving Program---SENIOR APPLICATION

**OFFICE USE ONLY** MCC ID # \_\_\_\_\_

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Eligible: YES \_\_\_\_\_ NO \_\_\_\_\_  
 Eligibility Screened By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Missing Information Telephone Call: \_\_\_\_\_ Initials: \_\_\_\_\_  
 \_\_\_\_\_  
 Date Pick Up Telephone Call: \_\_\_\_\_ Initials: \_\_\_\_\_

	Last Name	First Name	MI	Relationship	Social Security#	Birth Date			Age	Gender	Disabled	Employed
						M	D	Y				
01				HEAD (Self)						M / F	Y / N	Y / N
02										M / F	Y / N	Y / N
03										M / F	Y / N	Y / N
04										M / F	Y / N	Y / N

Mailing Address: \_\_\_\_\_

Physical Address (If Different): \_\_\_\_\_

Alternate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MT Zip: 59701

**\*\* Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\*\*MUST BE COMPLETED)**

**\*\* Other/Message Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\*\*MUST BE COMPLETED)**

**OFFICE USE ONLY**

Pick Up Date: \_\_\_\_\_  
 Applicant (Printed): \_\_\_\_\_  
 Applicant (Signature): \_\_\_\_\_  
 ID Verified By: \_\_\_\_\_

Food Information  
 Food Card \_\_\_\_\_

**Check ALL of the following sources of assistance and income that have been received by ANY MEMBER OF YOUR HOUSEHOLD WITHIN THE PAST 12 MONTHS:**

**Verification of 3 months of Income from the Items Listed Below:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> TANF (includes Tribal)       | <input type="checkbox"/> Pension/Retirement Income | <input type="checkbox"/> Self-Employment   |
| <input type="checkbox"/> SNAP / Food Stamps           | <input type="checkbox"/> Property Income           | <input type="checkbox"/> Child Support: If paid through MT CSED, provide case #'s. |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Alimony Payments          |  |
| <input type="checkbox"/> LIEAP                        | <input type="checkbox"/> Worker's Comp             | <input type="checkbox"/> Other: If checked, please explain:                        |
| <input type="checkbox"/> Social Security              | <input type="checkbox"/> Educational Grants        | _____  |
| <input type="checkbox"/> VA                           | <input type="checkbox"/> Loans                     | _____  |
| <input type="checkbox"/> Wages / Tips                 | <input type="checkbox"/> Gifts (Money)             | _____  |
| <input type="checkbox"/> Unemployment                 | <input type="checkbox"/> Odd Jobs                  |  |

Please Provide Total Monthly Income: \$ \_\_\_\_\_

I give Action, Inc. permission to release any information contained on this application to other individuals and/ or agencies for the purpose of verifying information provided and coordinating services. I understand that failure to provide any information requested will void my application. If you are adopted, the adoptee will have access to your name, address and phone number.

I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge. I understand that all information will be verified by Action, Inc. /MCC. If any information is incorrect the application will be void, and I may be subject to criminal penalties.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Return Application to Action Inc. at 25 W. Silver Street - Butte, MT  
Deadline: December 14, 2018**



DENNIS AND PHYLLIS WASHINGTON FOUNDATION

