 **Mining City Christmas**

Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**& Holiday Giving Program**

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

Family Size: \_\_\_\_\_ Children: \_\_\_\_\_ Gift Only: \_\_\_\_\_ Food Only: \_\_\_\_\_ Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved:\_\_Y\_\_N\_\_\_By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adopted: \_\_\_\_\_\_ Toys for Tots: \_\_\_\_\_\_

---\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name, First Name MI** | **Relationship** | **Social Security#** | **Birth Date**  **M D Y** | | | **Age** | **Gender** | **Disabled** | **In School** | **Employed** |
| 01 | HEAD (Self) |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 02 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 03 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 04 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 05 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 06 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 07 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 08 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 09 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |
| 10 |  |  |  |  |  |  | **M / F** | **Y / N** | **Y / N** | **Y / N** |

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

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

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

City: State: MT Zip: 59701

Phone: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Other/Message Phone: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Do you want help with food for your holiday dinner? YES NO

**Please list your children’s information vertically (Up and Down).**

I Want= what your child would like for Christmas

I Need= if your child needs something such as coat, boots, etc. Indicate size and either child, junior or adult. Also indicate color & style.

I Like= what your child likes: favorite TV character, movie, favorite store, favorite animal, etc.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** | **Child 6** |
| **Name** |  |  |  |  |  |  |  |
| **Gender** |  | Male / Female | Male / Female | Male / Female | Male / Female | Male / Female | Male / Female |
| **Age** |  |  |  |  |  |  |  |
| **I Want** |  |  |  |  |  |  |  |
| **I Need** |  |  |  |  |  |  |  |
| **I Like** |  |  |  |  |  |  |  |

**Clothing Options. Please Pick ONLY ONE of the sweatshirt options per child.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Size/Style** | **Size/Style** | **Size/Style** | **Size/Style** | **Size/Style** | **Size/Style** |
| **Crew Neck Sweatshirt** |  |  |  |  |  |  |
| **Hooded Sweatshirt** |  |  |  |  |  |  |
| **Socks** |  |  |  |  |  |  |

Is there anything we should know about your children while we are shopping?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Check ALL of the following sources of 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:**

* TANF (includes Tribal)
* SNAP / Food Stamps
* Supplemental Security Income
* VA
* Social Security
* Self-Employment
* Wages / Tips
* Unemployment
* Pension/Retirement Income
* Property Income
* Alimony Payments
* Worker's Comp
* Educational Grants
* Loans
* Gifts (Money)
* Odd Jobs
* Child Support: If paid through MT CSED, provide case #’s.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other: If checked, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give Action Inc. - Human Resources Council, District XII 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. - HRC/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. – HRC at 25 W. Silver Street - Butte, MT**

    