**Mining City Christmas**

**& Holiday Program**

**Program Rules**

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 a letter via U.S. mail indicating whether or not you have been approved for the Mining City Christmas Program. If you do not receive a letter within 10 days of submitting your application, you may contact the Mining City Christmas message line at 406-533-6842.

**Wish List:** Please do not ask for unreasonable, expensive gifts for your child. Please keep in mind what your child’s needs are at this time. This program is funded on donations from individuals and businesses in our community.

**Returns:** We do not allow gifts to be returned to the store. Gifts are specially marked and stores will not accept returns.

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

**Applying for families other than your own:** 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.

**50/50 Custody:** We can only assist individuals who currently and primarily reside in the household. Children must be in the home at least 51% of the time in order to apply for the program. If the child is in a 50/50 custody arrangement, only one parent may apply. If the child does not reside in the home but they will be with you for the holiday, please complete the Extenuating Circumstances Form.

**Thank you letter:** Our agency and partners strongly encourage you and your family to write a thank you note. The businesses and individual’s 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 Day:** If approved for the Mining City Christmas Program, you will need to bring the approval letter and a photo ID when picking up your gifts and food. Only the applicant may pick up gifts and food.

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

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** 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** | **InSchool** | **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: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

MCC ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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** |  |  |  |  |  |  |
| **Coat** |  |  |  |  |  |  |
| **Boots** |  |  |  |  |  |  |

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

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

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

**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:**

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

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

* Other: If checked, please explain:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**

