



Mining City Christmas & Holiday Giving 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 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 2, 2019 through December 20, 2019. 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.

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. Those applying must reside in Silver Bow County in order to be considered for the program.

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 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

OFFICE USE ONLY				MCC ID # _____			
Date Received: _____	Initials: _____	Date Put on Adoption Tree: _____	Initials: _____				
Date Entered: _____	Initials: _____	Date Adopted: _____	Initials: _____				
Eligible: YES _____ NO _____		Date Adoption Gifts Received: _____	Initials: _____				
Eligibility Screened By: _____	Date: _____	Date Sent to Toys for Tots: _____	Initials: _____				
Missing Information Telephone Call: _____	Initials: _____	Date Received From Toys for Tots: _____	Initials: _____				
_____		Date Pick Up Telephone Call: _____	Initials: _____				

	Last Name	First Name	MI	Relationship	Social Security#	Birth Date			Age	Gender	Disabled	In School	Employed
						M	D	Y					
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: (____) _____ - _____ (**MUST BE COMPLETED)**

**** Other/Message Phone: (____) _____ - _____ (**MUST BE COMPLETED)**

OFFICE USE ONLY	
Pick Up Date: _____	
Applicant (Printed): _____	
Applicant (Signature): _____	
ID Verified By: _____	
<u>Food Information</u>	
Food Card _____	Food Bank Box _____
MR Voucher _____	Number _____

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 (child, junior or adult), 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 indicate whether the size is a youth size or an adult size.

If sizing is not indicated, no clothing will be received.

	Size/Style	Size/Style	Size/Style	Size/Style	Size/Style	Size/Style
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:

- | | | |
|---|--|--|
| <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"/> Social Security | <input type="checkbox"/> Gifts (Money) | |
| <input type="checkbox"/> Wages / Tips | <input type="checkbox"/> Odd Jobs | |
| <input type="checkbox"/> Unemployment | | |

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 18, 2019**



DENNIS AND PHYLLIS WASHINGTON FOUNDATION

