



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. If you do not receive telephone notification by December 16, 2020, you may contact the Mining City Christmas message line at (406) 533-6842.

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 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.

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: _____

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)	Pension/Retirement Income	Self Employment
SNAP/Food Stamps	Property Income	Child Support: If paid through MT CSED, provide case #: _____
Supplementals Security Income	Alimony Payments	_____
LIEAP	Worker's Comp	_____
Social Security	Educational Grants	Other: If checked, please explain: _____
VA	Loans	_____
Wages/Tips	Gifts (Money)	_____
Unemployment	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 St, Butte, MT
Deadline: December 18, 2020**





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---SENIOR APPLICATION---

MCC-SENIOR ID #

Physical Address (REQUIRED): _____ City: _____ State: MT Zip: _____

Mailing Address (if different): _____ City: _____ State: MT Zip: _____

Phone (REQUIRED): _____ Other/Message Phone: _____

	LAST NAME	FIRST NAME	MI	RELATIONSHIP	SOCIAL SECURITY #	BIRTH DATE			AGE	GENDER		DISABLED		EMPLOYED	
						MM	DD	YYYY		M	F	Y	N	Y	N
1				HEAD (Self)											
2															
3															
4															

OFFICE USE ONLY

Date Received: _____ Initials: _____	Called To Pick Up: _____ Initials: _____
Eligibility Date: _____ Initials: _____	Pick Up Date: _____ Initials: _____
Date Entered: _____ Initials: _____	ID Verified By: _____ Initials: _____

Misc. Notes: _____

Food Information:
Food Card _____

Applicant (printed): _____ Applicant (signature): _____