



# Mining City Christmas

## & Holiday Giving Program

### Program Rules

**Please read the following rules of the Mining City Christmas Program carefully. For the purposes of prompt approval, it is important to be accurate and thorough when completing the application.**

**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 17, 2021, you may contact the Mining City Christmas message line at (406) 533-6842.

**Wish List:** While we realize your children may have expensive items on their wish list, please keep in mind that they may not receive them due to limited funding and high demand.

**Exchanges/Returns:** Clothing items provided that are the wrong size for your child or children may be exchanged at Action Inc. or Walmart. Gifts may not be exchanged for cash. There is a system in place for preventing cash 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: Please complete only one application for your own family. Anyone who cannot complete the application on their own can request assistance by contacting Action Inc. for help.

**Dual Custody:** If a child or children are in a dual custody arrangement, only one parent may apply. We ask the parents in those situations resolve the question of which parent is applying prior to making application. We assist children who currently and primarily reside in the household. If your child or children do not live in the home full-time or part-time, but will be with you just for the holiday, please complete the Extenuating Circumstances Form.

**Applying for another holiday giving program:** There are other holiday giving programs in Butte. **You may only apply for one program.** There is a system in place for preventing duplication.

**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 15, 2021**





# Mining City Christmas

## & Holiday Giving Program

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

Physical Address (REQUIRED): \_\_\_\_\_ City: \_\_\_\_\_ State: MT Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: MT Zip: \_\_\_\_\_

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

Do you want help with your holiday dinner?  
**YES NO**

	LAST NAME	FIRST NAME	MI	RELATIONSHIP	SOCIAL SECURITY #	BIRTH DATE			AGE	GENDER		DISABLED		IN SCHOOL		EMPLOYED	
						MM	DD	YYYY		M	F	Y	N	Y	N	Y	N
1				HEAD (Self)													
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Put on Adoption Tree: \_\_\_\_\_ Initials: \_\_\_\_\_ Called To Pick Up: \_\_\_\_\_ Initials: \_\_\_\_\_

Eligibility Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Adopted: \_\_\_\_\_ Initials: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Adoption Gifts Received: \_\_\_\_\_ Initials: \_\_\_\_\_ ID Verified By: \_\_\_\_\_ Initials: \_\_\_\_\_

Full Adoption \_\_\_\_\_ Gifts Only Adoption \_\_\_\_\_

Misc. Notes: \_\_\_\_\_ Date Sent to Toys for Tots: \_\_\_\_\_ Initials: \_\_\_\_\_ **Food Information:**

\_\_\_\_\_ Date Rcv'd from Toys for Tots: \_\_\_\_\_ Initials: \_\_\_\_\_ Food Card \_\_\_\_\_ Food Bank Box \_\_\_\_\_ MR Voucher # \_\_\_\_\_

\_\_\_\_\_ **Applicant (printed):** \_\_\_\_\_ **Applicant (signature):** \_\_\_\_\_

\_\_\_\_\_

**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, color & style.

I Like = What your child likes - examples: favorite TV character, movie, store, animal, colors, etc.

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

	CHILD 1			CHILD 2			CHILD 3			CHILD 4			CHILD 5			CHILD 6		
	GENDER	M	F	GENDER	M	F	GENDER	M	F	GENDER	M	F	GENDER	M	F	GENDER	M	F
	AGE			AGE			AGE			AGE			AGE			AGE		
<b>I WANT</b>																		
<b>I NEED</b>																		
<b>I LIKE</b>																		
<b>ADDITIONAL COMMENTS</b>																		

**Clothing Options: Please indicate whether the size is a Youth or Adult size.**

SHIRT						
COAT						
PANTS						
SHOE/BOOT						
ADDITIONAL SIZING COMMENTS						