



# Mining City Christmas

## & Holiday Giving Program

**Welcome!**

### Senior Program Rules

**(MUST BE 62 or OLDER TO APPLY)**

**Please read the following guidelines 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.**

**Income Verification:** This is an income-based program and you may be asked to verify income for eligibility determination.

**Approval and Non-Approval Notices:** You will receive notification via telephone for the following: further questions on applications, missing information on applications, or denial of applications 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 20, 2023, 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.

**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 detecting 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 guidelines 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)

SNAP/Food Stamps

Supplementals Security Income

LIHEAP

Social Security

VA

Wages/Tips

Unemployment

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

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 #:

\_\_\_\_\_

\_\_\_\_\_

Other: If checked, please explain:

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY	
Income Source Verification: _____	Date: _____
Notes: _____	Initials: _____
_____	_____

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 14, 2023**



DENNIS AND PHYLLIS WASHINGTON FOUNDATION





# Mining City Christmas

& Holiday Giving Program

## ---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: _____	<u>Food Information:</u>
	Food Card _____
Applicant (printed): _____	Applicant (signature): _____