



# Mining City Christmas & Holiday Giving Program

Please read the following guidelines of the Mining City Christmas & Holiday Giving 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 will be asked to verify income for eligibility determination.

**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:** Gifts may not be exchanged for cash. There is a system in place for detecting 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 that 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.

**Pick-Up:** If approved for the Mining City Christmas & Holiday Giving Program, you will need to bring the 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.

**Approval and Non-Approval Notices:** You will receive notification via telephone for the following: approval, further questions, missing information, or denial of application. 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 19, 2025, you may contact the Mining City Christmas & Holiday Giving Program message line at (406) 533-6842.

## Verification of 3 months of Income/Assistance from the Items Listed Below (check all that apply):

TANF (includes Tribal)

LIHEAP

Wages/Tips

Other: If checked, please explain: \_\_\_\_\_

SNAP

Social Security

Self Employment

\_\_\_\_\_

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.

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. 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 16, 2025**



DENNIS AND PHYLLIS WASHINGTON FOUNDATION





# Mining City Christmas & Holiday Giving Program

## MCC ID #

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

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

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

|    | 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: _____                        |
| Eligibility Date: _____                 | Initials: _____ | Date Adopted: _____                           | Initials: _____                        |
| Date Entered: _____                     | Initials: _____ | Date Adoption Gifts Received: _____           | Initials: _____                        |
| Adoption Tree _____ Toys for Tots _____ |                 | Full Adoption _____ Gifts Only Adoption _____ |  |
| Misc. Notes: _____                      |                 | Date Sent to Toys for Tots: _____             | Initials: _____                        |
|   |                 | Date Rcv'd from Toys for Tots: _____          | Initials: _____                        |
|   |                 | Applicant (signature): _____                  |  |
|   |                 | Left Message: _____                           | Initials: _____                        |
|   |                 | Called To Pick Up: _____                      | Initials: _____                        |
|   |                 | Pick Up Date: _____                           | Initials: _____                        |
|   |                 | ID Verified By: _____                         | Initials: _____                        |
|   |                 | <u>Food/Other Information:</u>                |  |
|   |                 | Food Card _____                               | Food Bank Box _____ MR Voucher # _____ |
|   |                 | Shoe Card _____                               | UA Voucher _____ Total # of Bags _____ |
|   |                 | Card/Other notes: _____                       |  |

**Please list your children's information vertically (up and down).**

I Need = If your child needs something such as coat, boots, etc., indicate size, color & style.

I Want = What your child would like for Christmas.

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 |   |   |     |  |
|----------------------------|---------|---|---|-----|--|---------|---|---|-----|--|---------|---|---|-----|--|---------|---|---|-----|--|
|                            | GENDER  | M | F | AGE |  | GENDER  | M | F | AGE |  | GENDER  | M | F | AGE |  | GENDER  | M | F | AGE |  |
| <b>I NEED</b>              |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |
| <b>I WANT</b>              |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |
| <b>I LIKE</b>              |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |
| <b>ADDITIONAL COMMENTS</b> |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |

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

|   |  |  |  |  |
|---|--|--|--|--|
| SHIRT   |  |  |  |  |
| COAT  |  |  |  |  |
| SHOE/BOOT   |  |  |  |  |
| ADDITIONAL SIZING COMMENTS<br>(specify size of any items identified as a need not listed above) |  |  |  |  |

**Please list your children's information vertically (up and down).**

I Need = If your child needs something such as coat, boots, etc., indicate size, color & style.

I Want = What your child would like for Christmas.

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

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

|                            | CHILD 5 |   |   |     |  | CHILD 6 |   |   |     |  | CHILD 7 |   |   |     |  | CHILD 8 |   |   |     |  |
|----------------------------|---------|---|---|-----|--|---------|---|---|-----|--|---------|---|---|-----|--|---------|---|---|-----|--|
|                            | GENDER  | M | F | AGE |  | GENDER  | M | F | AGE |  | GENDER  | M | F | AGE |  | GENDER  | M | F | AGE |  |
| <b>I NEED</b>              |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |
| <b>I WANT</b>              |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |
| <b>I LIKE</b>              |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |
| <b>ADDITIONAL COMMENTS</b> |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |         |   |   |     |  |

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

|   |  |  |  |  |
|---|--|--|--|--|
| SHIRT   |  |  |  |  |
| COAT  |  |  |  |  |
| SHOE/BOOT   |  |  |  |  |
| ADDITIONAL SIZING COMMENTS<br>(specify size of any items identified as a need not listed above) |  |  |  |  |