



Mining City Christmas & Holiday Giving Program

Senior Program

(Must be 62 or Older to Apply)

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.

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 include all members in your household.

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)
SNAP

LIHEAP
Social Security

Wages/Tips
Self Employment

Other: If checked, please explain: _____

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: _____

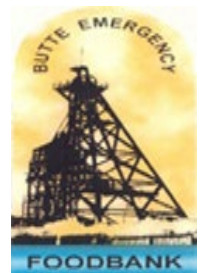
Date: _____

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 ---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: _____ 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																	

Date Received: _____ Initials: _____
 Eligibility Date: _____ Initials: _____
 Date Entered: _____ Initials: _____

Misc. Notes: _____

OFFICE USE ONLY

Applicant (signature): _____

Left Message: _____ Initials: _____

Called To Pick Up: _____ Initials: _____

Pick Up Date: _____ Initials: _____

ID Verified By: _____ Initials: _____

Food/Other Information:

Food Card _____

Senior Gift Bag - Female _____ Senior Gift Bag - Male _____

Card notes: _____

Delivery notes: _____