

Mining City Christmas & Holiday Giving Program

Please take a moment to carefully review the following guidelines for the Mining City Christmas & Holiday Giving Program. To ensure prompt approval, it is essential to provide accurate and comprehensive information when filling out the application.

Action Inc.
A COMMUNITY ACTION PARTNER

Income Verification: This program is based on income, and you will need to provide verification of your income to determine your eligibility.
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.

Dual Custody: In cases where a child or children are in a dual custody arrangement, only one parent is permitted to apply. We kindly request that parents in such situations determine which parent will be submitting the application beforehand. Our assistance is focused on children who currently and primarily reside in the household. If your child or children do not live with you full-time or part-time, but will be with you only for the holiday, please fill out 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 your application for the Mining City Christmas & Holiday Giving Program is approved, please remember to **bring the ID number provided during your approval notification along with a photo ID** to collect your items. Only the applicant is permitted to pick up the items, unless alternative arrangements have been made in advance.
Approval and Non-Approval Notices: You will be notified through telephone, text, or email regarding the following: application approval, additional questions, missing information, or application denial. Please ensure that you include a valid phone number and email address when completing the application, so we can contact you. If your application is approved, you will receive further notification via telephone, text, or email about how to pick up your items. Should you not receive any notification by December 21, 2026, feel free to reach out to the Mining City Christmas & Holiday Giving Program message line at (406) 533-6842.

Please check all income types that apply & provide supporting documentation:

☐ SNAP/TANF (inlcudes Tribal) Monthly benefit amt: $_____ ☐ LIHEAP ☐ Wages/Tips ☐ Other (please explain): _____

I authorize Action Inc. to disclose any information included in this application to other individuals and/or agencies for the purpose of verifying the information provided and coordinating services. I acknowledge that failure to supply any requested information will result in the voiding of my application.
I certify, under penalty of perjury, that all my responses are accurate and complete to the best of my knowledge. I understand that Action Inc. will verify all information. Should any information be found to be incorrect, my application will be rendered void, and I may be subject to criminal penalties.

Signature: _____ **Date:** _____

Please Return Application to Action Inc., 25 W. Silver St., Butte, MT
Deadline: December 17, 2026

BUTTE EMERGENCY FOODBANK · KBOW 550AM 101.5FM · KOPR · DENNIS AND PHYLLIS WASHINGTON FOUNDATION · RSVP Lead with Experience · TOYS FOR TOTS



Mining City Christmas & Holiday Giving Program

MCC ID # _____

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

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

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

OFFICE USE ONLY

Date Received: _____ Initials: _____

Eligibility Date: _____ Initials: _____

Date Entered: _____ Initials: _____

Misc. Notes: _____

Date Put on Adoption Tree: _____ Initials: _____

Date Adopted: _____ Initials: _____

Date Adoption Gifts Received: _____ Initials: _____

Date Sent to Toys for Tots: _____ Initials: _____

Date Rcv'd from Toys for Tots: _____ Initials: _____

Called to Pick Up: _____ Initials: _____

Left Message: _____ Initials: _____

Message Notes: _____

Pick Up Date: _____ Initials: _____

ID Verified By: _____ Initials: _____

Delivery notes: _____

Adoption Tree ☐ **Toys for Tots** ☐

Full Adopt ☐ Supplement ☐

Gifts Only ☐

Total # of Bags: _____ Sen-M _____ Sen-F _____

MR Voucher #: _____ Food Bank Box: _____

Cards: Food _____ Shoe _____ UA _____

Card notes: _____

Applicant Signature:

_____

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

I Need = Please list items your child needs such as coat, boots, etc., indicate size, color & style.
I Want/Like = What your child likes. Examples: favorite TV character, movie, store, animal, toy.

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
I NEED				
I WANT/LIKE				
Favorite Color(s)				

Clothing/Sizing: Please indicate whether the size is a Youth or Adult size.

SHIRT				
COAT				
SHOE/BOOT				
PANT				
UNDERGARMENTS				
BEDDING				
ADDITIONAL COMMENTS				

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

I Need = Please list items your child needs such as coat, boots, etc., indicate size, color & style.
I Want/Like = What your child likes. Examples: favorite TV character, movie, store, animal, toy.

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
I NEED				
I WANT/LIKE				
Favorite Color(s)				

Clothing/Sizing: Please indicate whether the size is a Youth or Adult size.

SHIRT				
COAT				
SHOE/BOOT				
PANT				
UNDERGARMENTS				
BEDDING				
ADDITIONAL COMMENTS				