

Rockingham Community Action/SNHS Holiday Application 2019

Name	Town of Residence
Physical Address	
Mailing Address	
Phone Daytime	Phone Evening
Name and Phone number of someone we can leave a message with if you are unreachable	
Email Address	

Preferred method of contact: Phone Email

Holiday Services you are requesting:

Thanksgiving Food ☐ **Christmas Food** ☐ **Children's Christmas Gifts (Current clients ONLY)** ☐

Have you requested Holiday services including food or gifts from other organizations, schools or churches this year?
YES ☐ or NO ☐

If "Yes", please list which agency or school(s) and what services:

Household Information

Total in household	# of Adults	# Children 0 – 12	# Children 13- 18 (in school)
List all schools that are attended:			

Household Members (please list **ONLY** those who live in your household)

[illegible]

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Family # _____

Income Eligibility

Are you or any member of your household currently eligible for and/or receiving help from any of the following programs? Please check next to all that apply:

Fuel Assistance	<input type="checkbox"/>	WIC	<input type="checkbox"/>	Commodity Foods	<input type="checkbox"/>	Food Pantry	<input type="checkbox"/>
Electric Assistance	<input type="checkbox"/>	Crisis	<input type="checkbox"/>	Workforce Dev	<input type="checkbox"/>	Head Start	<input type="checkbox"/>
Subsidized Housing	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

NOTE: Holiday Program participation is open to current clients of SNHS/RCA only. If you are interested in finding out if you're eligible for any of the above, please enter your household's gross monthly income here:

Please Initial next to each statement:

_____ All donations need to be picked up at the office where you applied. If you are not able to pick up, please arrange for a friend or a relative to pick up for you. They must have a signed note authorizing them to do so.

_____ I have given Community Action the name of any other group from whom I have already requested holiday services.

_____ I understand that although Rockingham Community Action will make every possible effort to provide me holiday services, they cannot guarantee that holiday services will be provided to me.

Release of Information:

I give permission for Rockingham Community Action (Southern New Hampshire Services, Inc.) to give my name and any other information listed on this form to any organizations providing Thanksgiving or Christmas services in my area. I understand that my name may be given to these organizations in order for the Community Action staff to prevent a duplication of service.

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Signature

Date

Office use only:

Thanksgiving Food _____

Christmas Food _____

Wish List Complete _____

Family # _____

Wish List

Family ID# _____

Please take note: Our goal is to **supplement** your holiday gifts.

Town of Residence _____

Parents Name Listed on application _____

**** Please give specific suggestions from at least three categories**

Child Id # _____

Child's Name _____ Age _____ Male/Female/Other _____

Sizes Needed

☐

Games

☐

Learning Toys/Books

☐

Clothes/Shoes

☐

Building /Blocks

☐

Toys

☐

Arts & Crafts

Please give specific suggestions from at least three categories

Child Id # _____

Child's Name _____ Age _____ Male/Female/Other _____

Sizes Needed

☐

Games

☐

Learning Toys/Books

☐

Clothes/Shoes

☐

Building/Blocks

☐

Toys

☐

Arts & Crafts

Internal use only:

Gift Tags Complete _____

Family # _____

Wish List

Family ID#

Parents Name Listed on application _____

**** Please give specific suggestions from at least three categories**

Child Id #

Childs Name _____		Age _____	Male/Female/Other _____
			Sizes Needed

<input type="checkbox"/> Games	<input type="checkbox"/> Learning Toys/Books	<input type="checkbox"/> Clothes/Shoes	_____
_____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Building/Blocks	<input type="checkbox"/> Toys	<input type="checkbox"/> Arts & Crafts	
_____	_____	_____	
_____	_____	_____	

**** Please give specific suggestions from at least three categories**

Child Id #

Childs Name _____		Age _____	Male/Female/Other _____
			Sizes Needed

<input type="checkbox"/> Games	<input type="checkbox"/> Learning Toys/Books	<input type="checkbox"/> Clothes/Shoes	_____
_____	_____	_____	_____
_____	_____	_____	_____
<input type="checkbox"/> Building/Blocks	<input type="checkbox"/> Toys	<input type="checkbox"/> Arts & Crafts	
_____	_____	_____	
_____	_____	_____	

Internal use only:

Gift Tags Complete _____

Family # _____