

GRANT COUNTY HOLIDAY PROJECT APPLICATION

Please Return ASAP To Assure Consideration

Name _____ Phone Contact number _____

Address _____ City _____ Email _____

County you live in. _____ **List all living at this address:**

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

(If you need more space, list on back of page) First and last name and relationship to head of household)

Enter Household Gross Income of All Living in Household

Employer 1 _____ Hourly wage _____ Hours worked per week _____

Workers Name _____

Employer 2 _____ Hourly wage _____ Hours worked per week _____

Workers Name _____

Employer 3 _____ Hourly wage _____ Hours worked per week _____

Workers name _____

If more than 3 employers list on back.

Benefits Household Receives and Amount

Households Food share amount _____ Child Support amount _____ for whom _____

Social Security amount _____ for whom _____

SSI amount _____ for whom _____

Weekly unemployment amount _____ for whom _____

Other Income monthly _____ for whom _____

How many years have you received help from the Holiday Project? _____

**Do we have your permission to adopt your family out to other organizations/families
Everything is confidential.**

Yes No (Circle one) Were you adopted last year? Yes No

Single or married individuals without children are not eligible unless they are found permanently disabled or over age 65.

PU# _____ # bags _____

Complete all sections on this page (used by packers)

Type of household. **Elderly Household** **Family Household** **Disabled Household**

Head of Household _____ age _____ No. in Household _____

Address _____ City _____ Zip _____ Phone _____

<p>List Parents first. Then list children and their relationship to head of household.</p> <p>List last names of all</p> <p>List others last Eg. boyfriends, sister brother, uncle etc.</p>	<p>How Related to head of house hold Daughter Son No related Other</p>	<p>S E X M F</p>	<p>Age</p>	<p>Clothing Needs</p> <p>Circle Y N</p> <p>State sock and diaper size</p>	<p>Size</p>	<p>Gift or toys wanted or other family needs.</p> <p><u>We cannot provide ipods, laptops, or other expensive items games tv's etc.</u></p>
				Pants Yes No Shirt/top Yes No Underwear Y N Socks Y es No Diapers Yes No		
				Pants Yes No Shirt/top Yes No Underwear Y N Socks Y es No Diapers Yes No		
				Pants Yes No Shirt/top Yes No Underwear Y N Socks Y es No Diapers Yes No		
				Pants Yes No Shirt/top Yes No Underwear Y N Socks Y es No Diapers Yes No		
				Pants Yes No Shirt/top Yes No Underwear Y N Socks Y es No Diapers Yes No		
				Pants Yes No Shirt/top Yes No Underwear Y N Socks Y es No Diapers Yes No		
				Pants Yes No Shirt/top Yes No Underwear Y N Socks Y es No Diapers Yes No		

If you need blanket or sheet set (circle one) state bed size _____ circle blanket or sheet.

Please do not request if not needed. May provide, if really needed and size available one new winter coat per eligible child. State size _____ for boy girl (circle one). **May not be able to provide all items requested.**

**GRANT COUNTY HOLIDAY PROJECT PAY FORWARD
CARING and GIVING REPORT**

Name _____

Address _____

Contact Phone Number _____

To receive gifts from the Holiday Project we are requiring applicants give something of themselves to help others in their community. We call it **Pay Forward**. Below you can list the things you have done to assist or befriend others in your community. Some examples are shoveling snow, giving free rides to Dr. store, work, calling a shut in to visit, visit a nursing home, volunteer to do projects in your community etc.

Helping family members doesn't count. Happy Giving!

Recipients name, town, phone number	Good Deed	Date of Deed

**Complete and return this entire 3 page Holiday Project Application to:
Grant County Holiday Project PO Box 447 Lancaster WI 53813.**

**We will not fulfill your application request if all pages are not completed.
Application will no longer be returned for completion. We will send denial notice
for not completing Pay Forward requirement.**