GRANT COUNTY HOLIDAY PROJECT APPLICATION

Please Return ASAP To Assure Consideration. If you cannot pick up items or cannot have others, do it for you do not apply. Pick up is in Lancaster. Make sure phone number is working number. Do you have a car? Y N Circle one

Name_____ **Working Phone number**_____

Address_____City_____Box #_____ Email_____

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

1._____ 2._____

3._____ 4._____

5._____ 6._____

(If you need more space, list on another back of single page form) First and last name and relationship to Parent.

Enter Household Gross Income of All Living in Household

Employer 1 _____Hourly wage_____Hours worked per week_____
Name of person working_____

Employer 2 _____Hourly wage_____ Hours worked per week____
Name of person working_____

Monthly Food share amount_____ Child Support monthly amount_____for whom _____

SSI amount_____ for whom_____

Social Security amount_____ for whom_____

Weekly unemployment amount _____ for whom _____

Other Income monthly_____for whom_____

Can you or someone you designate pick up your items? _____

Do we have your permission to adopt your family out to other organizations/families Completely confidential. Yes No (Circle one) was your family adopted last year? Yes No

Single or married individuals without children are not eligible unless they are found permanently disabled or over age 65. If you or someone else cannot pick up items please do not apply. We cannot deliver. Please list Parent or parents on top 2 lines of Application.

Do not apply for more than 1 project in county. Applicants names are shared with all projects.

OVER

PU#_____

Name: _____

Contact Phone_____Email_____

Complete all sections (used by packers) Doll non white White

Type of household. ☐ **Elderly/Disabled Household** ☐ **Family Household** **Children must live in household 50% of time**

Parent/Parents of Children_____ **No. in Household _____**

Address_____City_____Box #_____ Zip_____ _____

List Parents first. List last names of everyone including children. If child lives in household part time put P after name.	Daughter Son Grand child Court Appointed Not related	**SEX**	**AGE**	**Clothing Needs Circle yes or no. Please state shoe size**	**Size**	**Adults list only 1 item and size only. We do have adult sizes for older children if needed. State toys/gifts wanted for children here.**
parent		**M F**				
parent		**M F**				
Child		**M F**		Pants **Yes No** Shirt/top **Yes No** Underwear **Y N** Sock size **Y N** Shoe size		
child		**M F**		Pants **Yes No** Shirt/top **Yes No** Underwear **Y N** Sock size **Y N** Shoe size		
child		**M F**		Pants **Yes No** Shirt/top **Yes No** Underwear **Y N** Sock size **Y N** Shoe size		
child		**M F**		Pants **Yes No** Shirt/top **Yes No** Underwear **Y N** Sock size **Y N** Shoe size		
child		**M F**		Pants **Yes No** Shirt/top **Yes No** Underwear **Y N** Sock size **Y N** Shoe size		

child		**M** **F**		Pants **Yes No** Shirt/top **Yes No** Underwear **Y N** Sock size **Y N** Shoe size		

Do not request items if not needed. Coat size _____for boy girl (circle one). Not all sizes available.
Sheet size_____ Blanket Size_____ King Queen Full Twin. Only sheet or blanket not both.
Diapers Y N size____. May not be able to provide all items requested.

GRANT COUNTY HOLIDAY PROJECT PAY FORWARD
CARING and GIVING REPORT

Name_____

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 doctor, store, work, calling a shut in to visit, visit a nursing home, volunteer to do projects in your community free babysitting etc.

Helping *family members* doesn't count toward good deeds. Happy Giving!

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

Complete and return this entire Holiday Project Application to:

Grant County Holiday Project 807 E. Cherry St. 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.