

# 2016 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><b>List Parents first. Then list children and their relationship to head of household.</b></p> <p><b>List last names of all</b></p> <p><b>List others last</b> Eg. boyfriends, sister brother, uncle etc.</p>	<p>How Related to head of house hold Daughter Son No related Other</p>	<p><b>S E X  M F</b></p>	<p>Age</p>	<p><b>Clothing Needs</b></p> <p>Circle Y N</p> <p><b>State sock and diaper size</b></p>	<p>Size</p>	<p><b>Gift or toys wanted or other family needs.</b></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		
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				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.**