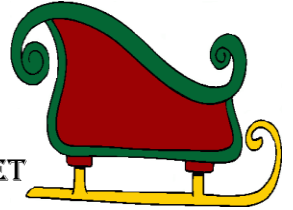




# WATERFORD YOUTH SERVICES HOLIDAY APPLICATION



APPLYING FOR:

\_\_\_ THANKSGIVING FOOD BASKET \_\_\_ CHRISTMAS FOOD BASKET

\_\_\_ TURKEY \_\_\_ HAM

\_\_\_ TURKEY \_\_\_ HAM

Staff Initials:

Notes:

Family/App#

Resident Information:

Adult #1  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) of other Adults who reside in the household (18 years or older / not in school):

Adult #2: \_\_\_\_\_ Adult #3: \_\_\_\_\_

Adult #4: \_\_\_\_\_ Adult #5: \_\_\_\_\_

Please Read and Sign (RELEASE OF INFORMATION Included): By signing below, I agree to give the Town of Waterford Youth Services permission to contact schools, social service agencies, faith-based programs, and applicable providers to gather information, confirm residency, and / or verify any information provided on this application. You agree that your household falls within the required income guidelines and / or has an emergency need for assistance through the Youth Services Holiday Program. You agree that you have not already or will not request holiday assistance from any other agency or program. If we find that you have enrolled in another holiday food / gift program, Waterford Youth Services reserves the right to remove you and your family from our holiday program.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Income for all ADULTS living in the household;

**Employment: (If you have more than one job, please combine the amounts)**

Amount Per Week / Net for Each Adult:

Adult #1: \$ \_\_\_\_\_  
Adult #2: \$ \_\_\_\_\_  
Adult #3: \$ \_\_\_\_\_  
Adult #4: \$ \_\_\_\_\_  
Adult #5: \$ \_\_\_\_\_

**Overtime Pay:**

Amount Per Week / Net for Each Adult:

Adult #1: \$ \_\_\_\_\_  
Adult #2: \$ \_\_\_\_\_  
Adult #3: \$ \_\_\_\_\_  
Adult #4: \$ \_\_\_\_\_  
Adult #5: \$ \_\_\_\_\_

**Child Support Income:**

Amount Per Week

Child #1: \$ \_\_\_\_\_  
Child #2: \$ \_\_\_\_\_  
Child #3: \$ \_\_\_\_\_  
Child #4: \$ \_\_\_\_\_  
Child #5: \$ \_\_\_\_\_

**Do any of the children receive social security benefits / social security survivor benefits?**

Amount Per Month

Child #1: \$ \_\_\_\_\_  
Child #2: \$ \_\_\_\_\_  
Child #3: \$ \_\_\_\_\_  
Child #4: \$ \_\_\_\_\_  
Child #5: \$ \_\_\_\_\_

**Unemployment Benefits:**

Amount Per Week / Net for Each Adult:

Adult #1: \$ \_\_\_\_\_  
Adult #2: \$ \_\_\_\_\_  
Adult #3: \$ \_\_\_\_\_  
Adult #4: \$ \_\_\_\_\_  
Adult #5: \$ \_\_\_\_\_

**Social Security, Retirement, Survivor, Disability Benefits, Worker's Comp, Foster Care Stipend, Etc.:**

Amount Per Month:

Adult #1: \$ \_\_\_\_\_  
Adult #2: \$ \_\_\_\_\_  
Adult #3: \$ \_\_\_\_\_  
Adult #4: \$ \_\_\_\_\_  
Adult #5: \$ \_\_\_\_\_

Applicant (Adult #1) Creditors

Rent / Mortgage: \$ \_\_\_\_\_

Please list all other monthly payments:

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_
6. \_\_\_\_\_ \$ \_\_\_\_\_
7. \_\_\_\_\_ \$ \_\_\_\_\_
8. \_\_\_\_\_ \$ \_\_\_\_\_
9. \_\_\_\_\_ \$ \_\_\_\_\_
10. \_\_\_\_\_ \$ \_\_\_\_\_

Please list the TOTAL \$ Amount of SNAP Benefits in this household?

\$ \_\_\_\_\_

Please list the TOTAL \$ Amount of CASH ASSISTANCE in this household?

\$ \_\_\_\_\_