

WATERFORD YOUTH SERVICES HOLIDAY APPLICATION

Staff
Initials:

Family/App#

APPLYING FOR:

___ THANKSGIVING FOOD BASKET ___ CHRISTMAS FOOD BASKET & GIFTS

___ TURKEY OR ___ HAM

___ TURKEY OR ___ HAM

Notes:

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: _____

Name of Child (First & Last)	Date of Birth	Age	M/F	School	Relationship to You (e.g. son, step)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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? \$ _____

Family #:


Holiday Wish Lists for Children (Birth - 18years old / in-school)

Our holiday gift program is based on the generosity of donors so please do not list any items that are costly (e.g. Ugg boots, North Face Jackets, expensive xbox / PS4 games).

First Name: _____ Age: _____ Gender: M F

Shirt Size: _____ youth / adult Pant Size: _____ youth / adult


Please list favorite hobbies, sports, activities, interests:



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