

# HANCOCK COUNTY CHRISTMAS CONNECTION APPLICATION

Attached is the application to the Hancock County Christmas Connection for holiday assistance. This single application will be used to match families with a variety of resources available to families in Hancock County. Depending on family need and resources available, families may be assisted through a donor program (where a family is “sponsored” for the holidays) or a community service group program (assistance provided according to service group guidelines). We aim to serve every family in need of assistance, but please know that completion of this application does not guarantee that your family will receive holiday assistance.

Please follow the guidelines below as you complete the application packet:

- Only one application per family will be accepted. **If you have multiple children within G-CCSC, please return your packet to school with your youngest child.**
- Please complete all information requested. Applications that are incomplete will be sent home to be finished and cannot be processed until complete. Applications include three parts:
  - Household information
  - Family information
  - Wish list
- Complete all information for all people who currently live within the home.
- Please be as detailed in your application as possible. This helps us better understand the needs of your family so we can match you with the most appropriate program for your needs.
- Please notify your school counselor/social worker if you move or change contact information after turning in the application.
- **All applications are due Friday, November 16.** Please return completed applications to **Christy Harpold in the JBS Office**

If you have any questions, please call **Christy Harpold, School Social Worker, (317) 462-4491 x41206.**

I authorize Greenfield-Central Community School Corporation to release my family information as listed on this application to the Hancock County Christmas Connection service. I understand that if my family is selected by a sponsor group or community service organization, the information will also be released to a contact person from that group.

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Parent/Guardian Signature

Date

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Please complete the following questions. You must check one sentence in each category.

## Food and Clothing—check only 1

- I can provide food and clothing for my family.
- I sometimes need help from assistance programs for food, clothing, and household items.
- I regularly use assistance programs for food, clothing, and household items

## Income—check only 1

- I have a steady source of income and/or my job is not in jeopardy.
- I need financial assistance.
- I have no steady income and regularly use public benefits (TANF, Food Stamps, Unemployment, etc).
- I have no income and limited or no public benefits.

## Housing—check only 1

- I have stable and adequate housing.
- Short term help is needed to remain in adequate housing.
- Overcrowded or substandard living conditions; I may be evicted soon.
- Homeless or Recent eviction or living in a shelter or living with family/friends due to financial need.

## Holiday assistance—check only 1

- I will receive holiday assistance from another program or family.
- I will receive limited holiday help.
- I may receive holiday help, but this is unknown at this time.
- I will not receive holiday help through any other means.

## Health—check all that apply

- I or someone in my family needs regular medical treatment. Please list family member and active medical condition: \_\_\_\_\_
- I or someone in the family has special needs or a disability. Please list family member and need/disability.  
\_\_\_\_\_
- I or someone in the family uses mental health services regularly.

## Transportation—check only 1

- I have adequate transportation.
- I have limited transportation.
- Household member homebound.

## Employment—check for each adult in the household

- Employed full time      Who? \_\_\_\_\_
- Employed part time      Who? \_\_\_\_\_
- Unemployed              Who? \_\_\_\_\_
- Disabled                  Who? \_\_\_\_\_
- Veteran                    Who? \_\_\_\_\_
- Attends school part time      Who? \_\_\_\_\_
- Attends school full time      Who? \_\_\_\_\_

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*If your children receive Free or Reduced lunch, please list which one:* \_\_\_\_\_

**A. Reason for need (please attach additional pages if needed):**

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**B. Head of household**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address (include apartment number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Annual household income \_\_\_\_\_

**C. Household member information (attach additional pages if needed)**

*Household member 1*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Relationship to head of household \_\_\_\_\_

*Household member 2*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Relationship to head of household \_\_\_\_\_

*Household member 3*

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First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Relationship to head of household \_\_\_\_\_

## *Household member 4*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Relationship to head of household \_\_\_\_\_

## *Household member 5*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Relationship to head of household \_\_\_\_\_

## *Household member 6*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Relationship to head of household \_\_\_\_\_

## *Household member 7*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Relationship to head of household \_\_\_\_\_

## *Household member 8*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Relationship to head of household \_\_\_\_\_

Family Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Instructions for completing form:

1. Please complete the Name, Gender, and Age (gray columns) for every family member, including custodial parents.
2. List up to 3 gifts for each family member; parents may request gifts or gift cards for groceries, gas, etc. NO more than \$25 per item.
3. In the Gift/Description columns, please be specific (size and color or brand). We will make every effort to find the item requested within the limitations of our budget.

Name	Gender M/F	Age	Sizes	Gift/Description	Gift/Description	Gift/Description
			Shirt:			
			Pants:			
			Shoes:			
			Shirt:			
			Pants:			
			Shoes:			
			Shirt:			
			Pants:			
			Shoes:			
			Shirt:			
			Pants:			
			Shoes:			
			Shirt:			
			Pants:			
			Shoes:			



