



FOR OFFICE USE ONLY Family ID # _____ Received _____

Yarmouth Project Holiday

2011 RECIPIENT Application

Project holiday is a program coordinated by Yarmouth Cares About Neighbors (YCAN). The goal of this program is to enhance the holiday spirit of giving in the community by connecting anonymous donors with families who request assistance.

Applicants may be required to verify residence by providing a bill in their name, with a local street address not a post office box to be eligible for assistance. Household members 18 years old or out of high school must apply on their own for assistance.

Applicant's Name _____

Street Address _____

Town (If not Yarmouth) _____ Phone _____

(If you have no phone, please leave a phone number where we can leave a message)

When is the best time to reach you _____ (a.m. or p.m.)

Are you requesting food baskets for the family members listed below? _____
Yes/No

Please keep in mind that giving is primarily for the children.

List all family members (first & last names, male or female, and age).

NAME	M or F	Age	Size	Interests/hobbies/requests
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				

Use the back of the form if needed to list interests, etc. for each child. The more information we have the better we are able to fill requests. We may contact you with questions.

Return your completed application and any additional information sheets by December 5, 2011 (if possible). To: YCAN P.O. Box 553, Yarmouth, ME 04096 or call 838-2261 for further information.

Applications can also be picked up and delivered to Yarmouth Community Services, 200 Main St, Yarmouth (behind Town Hall).

Have you applied through any other agency? If yes, where _____

Signed: _____ Date: _____