



Yarmouth Project Holiday APPLICATION—2017

For office use only
FAMILY ID#

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 Yarmouth community by connecting anonymous donors with families who confidentially request assistance.

Use the back of this form to list children in your family with the requested information. If you have more than 4 children, please attach a separate sheet of paper with information for Child 5, etc.

APPLICANT'S NAME	
STREET ADDRESS	
MAILING ADDRESS	
<i>*Applicants are required to verify residence with a driver's license or ID, or by providing a bill in their name with a local street address, not a post office box, to be eligible for assistance.</i>	
PHONE NUMBER	<i>Please provide a phone number where we can leave a message if further information is needed.</i>
IF APPROVED, YOU WILL BE SENT A CONFIRMATION LETTER TELLING YOU WHEN AND WHERE TO PICK UP YOUR GIFTS. YOU MUST BRING THE CONFIRMATION LETTER WITH YOU TO RECEIVE THE GIFTS.	
Are you requesting a food basket from the Food Pantry? Circle one: YES NO If you circle YES, for how many family members? _____	

Please keep in mind that gift assistance is for children 18 years old and younger.

For more information, please contact: Beth at (207) 838-2261, or Jean at (207) 329-7295

Your application must be returned to: **YARMOUTH COMMUNITY SERVICES
200 MAIN STREET, REAR BUILDING
YARMOUTH, MAINE 04096**

WE MUST HAVE YOUR APPLICATION RETURNED TO US BY December 1st.

Have you applied through any other agency? If yes, please tell us where: _____

Does your family use the Breez service from Yarmouth? Circle one: YES NO

Please list the children's names in this section (First & Last):

- CHILD #1: _____
- CHILD #2: _____
- CHILD #3: _____
- CHILD #4: _____

*I have determined, that due to our financial circumstances, I need assistance from **Project Holiday**. I agree that all gifts received will be given to the children listed in this application and not used for any other purposes. Also, by signing below I verify that all information in this application is true and accurate.*

Signature: _____ Date: _____

List all children (first name ONLY, male or female, and age). Help us select appropriate gifts by giving details of their interests/hobbies/requests for each child.

For example: specific art supplies, book titles, games, sports items, etc.

Please note \$100 per child is the suggested spending guideline.

When requesting clothing or shoes, PLEASE INCLUDE SIZES.

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YCS___ SCH___ FP___

1. Child #1, FIRST NAME ONLY:	Male / Female	AGE: _____
INTERESTS/HOBBIES/REQUESTS:		
What does the child want most?		
2. Child #2, FIRST NAME ONLY:	Male / Female	AGE: _____
INTERESTS/HOBBIES/REQUESTS:		
What does the child want most?		
3. Child #3, FIRST NAME ONLY:	Male / Female	AGE: _____
INTERESTS/HOBBIES/REQUESTS:		
What does the child want most?		
4. Child #4, FIRST NAME ONLY:	Male / Female	AGE: _____
INTERESTS/HOBBIES/REQUESTS:		
What does the child want most?		