

FOR YARMOUTH RESIDENTS

Project Holiday

APPLICATION - 2020

For office use only

FAMILY ID#

Project Holiday is a program coordinated by Yarmouth Cares about Neighbors (YCAN) with assistance from YCS, Yarmouth Food Pantry, and the Lions Club. The goal of this program is to enhance the holiday spirit of giving in the Yarmouth community by connecting anonymous donors with Yarmouth families who confidentially request assistance. Food baskets are also available on this form.

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? _____	

Use the back of this form to complete the required information for the children in your household.

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

For more information, please contact: YCAN at (207) 838-2261, or YCS at (207) 846-2406.

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 November 20.

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

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 in your household and their wants, needs, interests, and hobbies. We will try our best to get some of the specific items but may need to make substitutions.

For example: Art/Crafts, Music, Sports, Reading, 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: _____
Please list the child's WANTS, NEEDS, INTERESTS, HOBBIES:		
If you are interested in clothing, please list specific sizes:		
2. Child #2, FIRST NAME ONLY:	Male / Female	AGE: _____
Please list the child's WANTS, NEEDS, INTERESTS, HOBBIES:		
If you are interested in clothing, please list specific sizes:		
3. Child #3, FIRST NAME ONLY:	Male / Female	AGE: _____
Please list the child's WANTS, NEEDS, INTERESTS, HOBBIES:		
If you are interested in clothing, please list specific sizes:		
4. Child #4, FIRST NAME ONLY:	Male / Female	AGE: _____
Please list the child's WANTS, NEEDS, INTERESTS, HOBBIES:		
If you are interested in clothing, please list specific sizes:		