

FOR YARMOUTH RESIDENTS

Project Holiday

APPLICATION - 2023

For office use only

FAMILY ID#

YCS ___ SCH ___ FP ___

Project Holiday is a program coordinated by Yarmouth Cares about Neighbors (YCAN) with assistance from YCS, the Yarmouth Community 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.

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

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>
Are you requesting a food basket from the Food Pantry? Circle one: YES NO If 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 YCAN at (207) 844-3517 or YCS at (207) 846-2406. Your application must be returned to:

**YARMOUTH COMMUNITY SERVICES
200 MAIN STREET, (Front, Left Entrance of Town Hall)
YARMOUTH, MAINE 04096**

WE MUST HAVE YOUR APPLICATION RETURNED TO US NO LATER THAN November 8.

Did you apply through another agency for gifts or food? If yes, please tell us where: _____

In order to supply appropriate wrapping paper, what holiday do you celebrate? _____

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:** _____

IF APPROVED, YOU WILL BE SENT A CONFIRMATION LETTER BY NOVEMBER 30 TELLING YOU WHEN AND WHERE TO PICK UP YOUR GIFTS AND/OR FOOD BASKET.

*****YOU MUST BRING THE CONFIRMATION LETTER WITH YOU WHEN PICKING UP YOUR GIFTS AND/OR FOOD BASKET.*****

Gift Suggestions:

- List all children in your household and their gift wishes, needs, interests, and/or hobbies.
- Example gift suggestions: Board games, painting supplies, drawing supplies, sports equipment, book series, etc.
- We will try our best to get some of the specific items but may need to make substitutions.
- Please note: The suggested spending guideline per child is \$125.

1. Child #1, FIRST NAME ONLY:	Male / Female/ Non-Binary	AGE: _____
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Please list the child's GIFT WISHES, NEEDS, INTERESTS, HOBBIES:

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If you are interested in clothing, please list specific sizes:

2. Child #2, FIRST NAME ONLY:	Male / Female/ Non-Binary	AGE: _____
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Please list the child's GIFT WISHES, NEEDS, INTERESTS, HOBBIES:

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If you are interested in clothing, please list specific sizes:

3. Child #3, FIRST NAME ONLY:	Male / Female/ Non-Binary	AGE: _____
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Please list the child's GIFT WISHES, NEEDS, INTERESTS, HOBBIES:

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If you are interested in clothing, please list specific sizes:

4. Child #4, FIRST NAME ONLY:	Male / Female/ Non-Binary	AGE: _____
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Please list the child's GIFT WISHES, NEEDS, INTERESTS, HOBBIES:

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If you are interested in clothing, please list specific sizes: