



2022 NEIGHBOR FOR NEIGHBOR HOLIDAY ASSISTANCE APPLICATION

Thanksgiving food applications due: November 1, 2022
Christmas food and gift applications due: December 1, 2022

Referral Organization (if blank, please provide your agency's name): _____

***Application must be complete to be processed for assistance**
***Applicants must be residents of Waldo County to be eligible for assistance**

WCAP STAFF INITIALS WCAP FILE #

2022 APPLICANT INFORMATION

Name (First and Last) _____ Date of Birth (mm/dd/yyyy) _____ () - _____ Primary Telephone # (if your # changes please contact us)

Street Address _____ City/Town _____ State _____ Zip Code _____ () - _____ Alternative Telephone #

Mailing Address (if different from your physical address above) _____

E-Mail Address _____

Directions to home: (include landmarks and color of home)

*If your address changes please contact us or you may not get your request

Type of home:
 House Camper/RV
 Mobile Home / Trailer Homeless
 Apartment Motel/Hotel

Monthly household income: (we must have your income for our funding purposes - it will not affect your program eligibility)
\$ _____

HOUSEHOLD INFORMATION

All **adults** living in the home (including you):

		<u>Self</u>	Disabled?	65 or older?	# of adults:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Adult #2 - First and Last Name	Date of Birth	Relationship (i.e. wife, roommate, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult #3- First and Last Name	Date of Birth	Relationship (i.e. wife, roommate, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	# of children:
Adult #4 - First and Last Name	Date of Birth	Relationship (i.e. wife, roommate, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Adult #5- First and Last Name	Date of Birth	Relationship (i.e. wife, roommate, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

HOLIDAY ASSISTANCE INFORMATION

Thanksgiving Food (check only one below)
 I would benefit from food box :
 ___ I want to pick it up
 ___ I need it delivered
Delivery Date: Saturday, Nov. 19th

Christmas Food (check only one below)
 I would benefit from food box :
 ___ I want to pick it up
 ___ I need it delivered
Delivery Date: Saturday, Dec. 17th

Christmas Gifts
 I need Christmas gifts for my children.
You **MUST** complete the following pages **ONLY** if you are applying for gifts.
Gift dates vary depending on the adopting organization.

PLEASE SUBMIT ALL APPLICATIONS TO:
WCAP
9 FIELD ST, SUITE 201 | P.O. BOX 130
BELFAST, ME 04915
FAX 338-6812

I understand that my personal information contained in this application is provided in order to receive holiday assistance and will be shared with members of the Neighbor for Neighbor Coalition to assist the agencies in meeting my need for service. I understand that my information and the consequent services received will be maintained in a clearinghouse database for the express purpose of assuring a record of the services provided. I understand that by submitting this application, I am ineligible to obtain holiday services through any other organization if I receive services from Neighbor for Neighbor.

Applicant Signature _____

Date _____



IMPORTANT INFORMATION ON APPLYING FOR GIFTS

- ❖ Due to limited resources, gifts are not guaranteed and they will not be similar every year - **Families are adopted on a first come basis in a random manner.**
- ❖ Different organizations/businesses adopt families county-wide. This means **gift types vary.**
- ❖ Submit your application early in the season for the best chance of being adopted.
- ❖ To be eligible for gift assistance, applicant must be the **legal guardian** of the child(ren).
- ❖ Child(ren) **must be no older** than 18 years of age and must be living in the home.
- ❖ We cannot support gift requests for the same child(ren) at multiple households.
- ❖ You will be notified whether or not your family was adopted by early December.
Please plan accordingly.

GIFT INFORMATION

*** IF YOUR CHILD DOES NOT NEED SHIRTS, A COAT, PANTS, BOOTS, OR SHOES PLEASE WRITE "N/A" INSTEAD OF THEIR SIZE IN THE BOXES BELOW.**

#1

Child's Name (First and Last) _____

SHIRT SIZE COAT SIZE PANT SIZE BOOT SIZE SHOE SIZE

--	--	--	--	--

Date of Birth _____ / _____ / _____ M or F
Gender (check one)

Please check only one of the following:

This child really needs **clothes/boots** more than toys.

This child already has clothes and would like more **toys**.

This child could really use **both** clothes/boots and toys.

Child's Interests / Needs/ Wants / Favorites:

#2

Child's Name (First and Last) _____

SHIRT SIZE COAT SIZE PANT SIZE BOOT SIZE SHOE SIZE

--	--	--	--	--

Date of Birth _____ / _____ / _____ M or F
Gender (check one)

Please check only one of the following:

This child really needs **clothes/boots** more than toys.

This child already has clothes and would like more **toys**.

This child could really use **both** clothes/boots and toys.

Child's Interests / Needs/ Wants / Favorites:

#3

Child's Name (First and Last) _____

SHIRT SIZE COAT SIZE PANT SIZE BOOT SIZE SHOE SIZE

--	--	--	--	--

Date of Birth _____ / _____ / _____ M or F
Gender (check one)

Please check only one of the following:

This child really needs **clothes/boots** more than toys.

This child already has clothes and would like more **toys**.

This child could really use **both** clothes/boots and toys.

Child's Interests / Needs/ Wants / Favorites:

#4

Child's Name (First and Last) _____

SHIRT SIZE COAT SIZE PANT SIZE BOOT SIZE SHOE SIZE

--	--	--	--	--

Date of Birth _____ / _____ / _____ M or F
Gender (check one)

Please check only one of the following:

This child really needs **clothes/boots** more than toys.

This child already has clothes and would like more **toys**.

This child could really use **both** clothes/boots and toys.

Child's Interests / Needs/ Wants / Favorites:

#5

Child's Name (First and Last) _____

SHIRT SIZE COAT SIZE PANT SIZE BOOT SIZE SHOE SIZE

--	--	--	--	--

Date of Birth _____ / _____ / _____ M or F
Gender (check one)

Please check only one of the following:

This child really needs **clothes/boots** more than toys.

This child already has clothes and would like more **toys**.

This child could really use **both** clothes/boots and toys.

Child's Interests / Needs/ Wants / Favorites:

IF YOU HAVE MORE THAN FIVE CHILDREN, PLEASE CONTINUE GIFT INFORMATION ON NEXT SHEET.

IF YOUR PHONE NUMBER OR ADDRESS CHANGES, PLEASE CALL US AT (207) 338-6809 AND LEAVE A DETAILED MESSAGE.

CHRISTMAS GIFT APPLICATIONS DUE: DECEMBER 1, 2022



2022 NEIGHBOR FOR NEIGHBOR HOLIDAY ASSISTANCE APPLICATION

Gifts

Christmas Food

Thanksgiving Food

FOR OFFICE USE ONLY:

Referral Organization _____

RECEIVED

FILE #

INITIALS

GIFT INFORMATION (CONTINUED)

#6

Child's Name (First and Last) _____

_____/_____/_____
Date of Birth

_____/_____
Gender (check one)

Child's Interests / Needs/ Wants / Favorites:

SHIRT SIZE	COAT SIZE	PANT SIZE	BOOT SIZE	SHOE SIZE

Please check only one of the following:

This child really needs **clothes/boots** more than toys.

This child already has clothes and would like more **toys**.

This child could really use **both** clothes/boots and toys.

#7

Child's Name (First and Last) _____

_____/_____/_____
Date of Birth

_____/_____
Gender (check one)

Child's Interests / Needs/ Wants / Favorites:

SHIRT SIZE	COAT SIZE	PANT SIZE	BOOT SIZE	SHOE SIZE

Please check only one of the following:

This child really needs **clothes/boots** more than toys.

This child already has clothes and would like more **toys**.

This child could really use **both** clothes/boots and toys.

#8

Child's Name (First and Last) _____

_____/_____/_____
Date of Birth

_____/_____
Gender (check one)

Child's Interests / Needs/ Wants / Favorites:

SHIRT SIZE	COAT SIZE	PANT SIZE	BOOT SIZE	SHOE SIZE

Please check only one of the following:

This child really needs **clothes/boots** more than toys.

This child already has clothes and would like more **toys**.

This child could really use **both** clothes/boots and toys.

OTHER CHILD INFORMATION

Name and relationship of other children in the household (not listed above) that applicant is not the legal guardian of but live in the home:

Child #1 (First and Last) _____

Relationship (i.e. niece, nephew, etc.) _____

Child #2 (First and Last) _____

Relationship (i.e. niece, nephew, etc.) _____

Other household needs:

SIGNATURE

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Applicant Signature

Date

_____/_____/2022

**THANKSGIVING FOOD APPLICATIONS DUE:
NOVEMBER 1, 2022**

**CHRISTMAS FOOD & GIFT APPLICATIONS DUE:
DECEMBER 1, 2022**

**PLEASE SUBMIT APPLICATIONS TO:
WCAP
9 FIELD ST, SUITE 201
PO BOX 130
BELFAST, ME 04915**

IF YOUR PHONE NUMBER OR ADDRESS CHANGES, PLEASE CALL US AT (207) 338-6809 AND LEAVE A DETAILED MESSAGE.