**Contact Information**

|  |  |
| --- | --- |
| **NAME** |  |
| **STREET ADDRESS** |  |
| **CITY, STATE, ZIP** |  |
| **HOME PHONE** |  |
| **E-MAIL ADDRESS** |  |

**Members of Household**

**Please list all people you are requesting help for**

|  |  |  |
| --- | --- | --- |
| **NAME** |  | **AGE** |
| **NAME** |  | **AGE** |
| **NAME** |  | **AGE** |
| **NAME** |  | **AGE** |

**Applying for Food Basket YES\_\_\_\_\_\_ NO\_\_\_\_\_**

**Applying For Toys for Grandchildren/Great Grandchildren you are raising YES\_\_\_\_\_\_ NO\_\_\_\_\_**

**Please list the ages of children and sex of child**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Applying for Hygiene Items YES\_\_\_\_\_\_NO\_\_\_\_\_**

**Applying for Special Needs Items YES\_\_\_\_\_\_NO\_\_\_\_\_**

**Please list for Adult or Child ADULT\_\_\_\_\_M\_\_\_\_F\_\_\_\_\_ CHILD\_\_\_\_\_\_\_\_M\_\_\_\_F\_\_\_\_\_\_**

**Needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **AGENCY/ADDRESS** | **PHONE NUMBER** |
|  |  |  |
|  |  |  |

**Agreement and Signature**

### By submitting this application, I affirm that I am a senior citizen of low income, a senior raising my grandchild/children. The facts set forth in it are true and complete. I understand that if I am accepted to receive help I will be notified of what benefits I am to receive. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate refusal to receive help for the 2018 Holiday Season from Holiday Hope.

|  |  |
| --- | --- |
| **NAME (PRINTED)** |  |
| **SIGNATURE** |  |
| **DATE** |  |

**Need Delivery YES\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Our Policy**

### It is the policy of Holiday Hope to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Information shared by filling out this application for assistance will be kept in confidence and not shared with the public. This application becomes property of Holiday Hope for their records only.

### Thank you for completing this application form to receive help from Holiday Hope for the 2018 Holiday Season.

Applications and reference letters (if you have them) to be mailed to:

Holiday Hope

PO Box 66583

Portland, Oregon 97290

***Holiday Hope gets many requests for help each Holiday Season. We help the ones that are in need the most, which have been overlooked by other agencies’ or are in an emergency status. This is why we ask for two references that can help us make the decision of who is in need the most.***

Do not write below the line. Office workers only

**Intake:**

**Qualifying Reference YES Date Staff ID**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Multnomah County** |  |  |  |  |
| **Referral** | **Agency** |  |  |  |
| **Low Income** |  |  |  |  |
| **Homeless** |  |  |  |  |
| **Living in Shelter/with relatives** |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Member Date**

**Letter Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**