

Assigned pick up time \_\_\_\_\_

# Wethersfield Department of Social & Youth Services 505 Silas Deane Highway Wethersfield, CT 06109

Phone: (860) 721-2977 FAX: (860) 721-2935

## HOLIDAY GIFT APPLICATION



*Our focus with the help of the Wethersfield Community is to provide a happy holiday for families that need assistance. The Holiday Gift Program will try to provide gifts for every child in your household. Your name will not be given out to the Businesses, Civic Groups, Schools and Individuals who donate the gifts. Please provide us with the following information about every child in your household who wishes to receive a gift.*

***Please remember that gifts are ONLY for children under 18 or still in High School.***

**PLEASE RETURN BEFORE DECEMBER 3<sup>rd</sup> 2021**

Please print all information      Date Received: \_\_\_\_\_

Parent(s)/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Daytime Phone # \_\_\_\_\_  
or Where Message Can Be Left \_\_\_\_\_ 2<sup>ND</sup> TELEPHONE # \_\_\_\_\_

### **INCOME**

*Please list the sources and amount of your household monthly income:  
(Employment, Child Support, Social Security, Unemployment Compensation, etc.)*

<b><u>Source</u></b>	<b><u>Amount</u></b>	
_____	\$ _____	TOTAL PER MONTH \$ _____
_____	\$ _____	
_____	\$ _____	

### **PROOF OF RESIDENCY**

Utility Bill       Other \_\_\_\_\_

Please provide the following information about the children who will need gifts:

<b><u>Child's Name</u></b>	<b><u>Age</u></b>	<b><u>Gender (M or F)</u></b>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		