



## GIFTS FOR CANTON HOLIDAY GIVING PROGRAM 2023 APPLICATION

*Canton Senior & Social Services is pleased to offer support to Canton residents in need this holiday season. In collaboration with Gifts for Canton the Holiday Giving Program aims to provide comfort and cheer around the holidays.*

- ❖ The Holiday Gift Giving Program is for children up to 18 years of age.
- ❖ Please **return applications by Friday, November 17** to Senior & Social Services.
- ❖ One application per household.
- ❖ Gift will be distributed December 5<sup>th</sup> – 8<sup>th</sup> by appointment only.

### FAMILY DEMOGRAPHICS

Parent/Guardian/Grandparent Name: \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Child's DOB \_\_\_\_\_ Gender Identity \_\_\_\_\_

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Child's DOB \_\_\_\_\_ Gender Identity \_\_\_\_\_

Child's DOB \_\_\_\_\_ Gender Identity \_\_\_\_\_

Employment: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_ Unemployed \_\_\_\_\_

Estimated Household Income: \_\_\_\_\_ Number of People Living in the Household: \_\_\_\_\_



## ELIGIBILITY REQUIREMENTS

- 1) Proof of Canton residency. Applicants must provide a recent piece of official mail with their current Canton address.
- 2) **Applicants** must receive one of the following benefits. Check all applicable boxes and **attach a copy of the state issued award letter** from that assistance program in which the parent/guardian/child is currently enrolled.

- |                                                                           |                                                           |
|---------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> HUSKY Health                                     | <input type="checkbox"/> Connecticut Energy Assistance    |
| <input type="checkbox"/> Food Stamps/ SNAP                                | <input type="checkbox"/> Rental Assistance Program        |
| <input type="checkbox"/> Subsidized Housing (HUD)                         | <input type="checkbox"/> Women, Infants, & Children (WIC) |
| <input type="checkbox"/> Supplemental Security Income (SSI)               | <input type="checkbox"/> TANF                             |
| <input type="checkbox"/> State Supplement to the Aged, Blind, or Disabled | <input type="checkbox"/> Other (specify) _____            |

**Note:** Supporting documentation will not be returned. Information is verified by Senior & Social Services Director or designee. All information remains confidential in the Senior& Social Services Department.

- *I understand the policy of Senior & Social Services and affirm that all the information given on this form is true to the best of my knowledge*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(OFFICE USE ONLY Appointment Date:\_\_\_\_\_ Time:\_\_\_\_\_)**