HOLIDAY GIVING PROGRAM
2025 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 Giving Program is for parents, guardians and grandparents with children or grandchildren up to 18 years of age.
- **Please return applications by Monday, December 1st** to Senior & Social Services.
- One application per household.
- Gifts will be distributed December 9th – 10th by appointment only.

FAMILY DEMOGRAPHICS

Parent/Guardian/Grandparent Name: _____

Address_____Town_____Zip_____

Email Address:_____ Phone#:_____

Child's DOB _____ Gender Identity_____

Child's DOB _____ Gender Identity_____

Child's DOB _____ Gender Identity_____

Child's DOB _____ Gender Identity_____

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:_____

Town of Canton Senior & Social Services
40 Dyer Ave.
Canton, CT 06019

860-693-5811
SASS@townofcantonct.org
www.townofcantonct.org/senior-services

ELIGIBILITY REQUIREMENTS

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

_____ HUSKY Health

_____Food Stamps/ SNAP

_____Subsidized Housing (HUD)

_____Supplemental Security Income (SSI)

_____State Supplement to the Aged, Blind, or Disabled

_____Not Currently enrolled in a state assistance program

_____Connecticut Energy Assistance

_____ Rental Assistance Program

_____Women, Infants, & Children (WIC)

_____ TANF

_____ 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:_____)

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