

2018 Sudbury Annual Donation Program Application

Please read all directions thoroughly. Applications that are incomplete, do not follow directions or are not addressed as specified may be deemed ineligible. These specific requirements help to protect applicant confidentiality and eliminate bias from the review process. Thank you for your understanding.

At times, members of the community offer to sponsor a family by donating holiday gifts, food and other items. The number of donors varies year by year. Not everyone who applies will receive a donation, and only those who are selected will be contacted by the Board of Health Social Worker. Applications will be reviewed for completeness, and then a team will select recipients anonymously based on application information, including the thoughtfulness of responses. Please provide thorough, thoughtful, and detailed information.

Name: _____ Date of Birth: _____ Email: _____

Address: _____ Phone number: _____

Family Members in Your Household:

Name	Date of Birth	Age	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If chosen for this program, you will be contacted by the Board of Health Social Worker or Social Work Intern. You will be expected to arrange for yourself or someone you know to pick up the donated items at a location in Sudbury. Winter holiday gift pick up will be on Tuesday, December 4, 2018 from 8am-5pm. Signing below also gives the Social Work Office consent to verify any information contained in this application

Signature: _____ Date: _____

PLEASE RETURN ALL PAGES IN A SEALED ENVELOPE TO :

**2017 Sudbury Holiday Gift and Donation Program
c/o The Board of Health
275 Old Lancaster Road, Sudbury, MA 01776
BY OCTOBER 12, 2018**

****Program is only open to Sudbury residents****

DO NOT INCLUDE ANY NAMES ON ANY OTHER PAGES OF APPLICATION MATERIALS.

Application #: _____

Total # of people in household: _____ Total annual household income from all sources: _____

Primary Language: _____ Received holiday gifts from this program in past? No Yes When? _____

Please describe your family's current needs: _____

Please describe why you feel your family would be a good fit for this program: _____

Please share how being chosen for this program would benefit your family: _____

List ALL other programs you have or will apply to for holiday gifts, including programs through the schools: _____

Please list other supports or resources that you have access to: _____

Please describe steps you have taken/are taking to improve your household's financial situation and/or community resources you are CURRENTLY accessing: _____

Please check any programs below that you would be interested in if they become available:

- Thanksgiving ham, turkey or food basket* December ham, turkey or food basket*
- Christmas Tree Holiday Gifts (please complete Wish List)
- Spring basket full of items of your choosing (food, household supplies, bath and beauty, etc.)*
- Other community donations that become available

Are you comfortable with community members dropping off donations for these programs? Yes No

Internal use only: Date Received: _____ Assigned #: _____

WISH LIST

This list should not contain any identifying information and will be shared with the person purchasing the gifts. It's helpful to list gifts in a few different price ranges. Please feel free to include yourself as well! **PLEASE BE VERY SPECIFIC (sizes, colors, type of item, etc.). This is the only information that donors will have when shopping for families.**

Do you celebrate: Christmas Kwanzaa Hanukkah

Family Member # 1: Age: _____ M/F: _____

Desired gifts:

Family Member # 2: Age: _____ M/F: _____

Desired gifts:

Family Member # 3: Age: _____ M/F: _____

Desired gifts:

Family Member # 4: Age: _____ M/F: _____

Desired gifts:

Family Member # 5: Age: _____ M/F: _____

Desired gifts:

Application #: _____

Family Member # 5: Age: _____ M/F: _____

Desired gifts:

Family Member # 7: Age: _____ M/F: _____

Desired gifts:
