

# HOLIDAY PROJECT APPLICATION

Department of Human Services • Cass and St. Joseph Counties

**PLEASE PRINT IN BLACK OR BLUE INK**

**Please Return To:**  
 ST JOSEPH COUNTY DHS  
 692 E MAIN ST  
 CENTERVILLE MI 49032

Name of Head(s) of Household		Phone Number	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Message Phone	Best Time To Call _____
Mailing Address	Apt # or Lot #	City	<b>MI</b>		Zip Code
Actual Address if Different				Email Address	
Driving Directions, if Rural					

- Please list everyone who lives in the home full time, adults and children, whether they receive help from the Department of Human Services or not. Do not send more than one form for your household.
- This program is voluntary. Send this form only if you **want** holiday help.

Name(s) of <u>every</u> person in the home, including you	Sex	Age	Size	What does this person need?

<input type="checkbox"/> White, not of Hispanic origin	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian or Pacific Islander

Approximate Monthly Income \$	Source of Income (Check all that apply)	<input type="checkbox"/> Other:
	<input type="checkbox"/> Welfare <input type="checkbox"/> Work <input type="checkbox"/> Social Security/SSI <input type="checkbox"/> Pension <input type="checkbox"/> Child Support	

Give name(s) of anyone who works and indicate place of employment.

Work Days     Work Nights  
 Full Time     Part Time

Are you living in a foster care home or nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to move before Christmas? <input type="checkbox"/> Yes - New Address: <input type="checkbox"/> No
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Is anyone in the home on a special diet? What kind?	Languages spoken in the home
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Give name(s) of any veterans in the home.	Are there things you do not want your children to have (Candy, Toy Guns, etc.)?
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Names of adults attending school.	Are you pregnant? <input type="checkbox"/> Yes - Due Date: <input type="checkbox"/> No
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Is there anything you need for the whole family? (Towels, Sheets - size?, etc.)

Please describe why you need help for the holidays. Be as specific as possible. Use back if necessary.

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I authorize the Department of Human Services to release my name to a community organization or individual for the purpose of securing help for me and my family. My name may also be shared with other giving programs for the purpose of coordinating services.

Signature of Adult	Date
<b>X</b>	

**AUTHORITY:** PA 280 OF 1939  
**COMPLETION:** Is Voluntary  
**IF NOT COMPLETED:** Family will not receive Holiday Assistance

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

<b>Office Use Only</b>				
T	_____	_____	_____	_____
C	<input type="checkbox"/> f	<input type="checkbox"/> g	<input type="checkbox"/> f + g	<input type="checkbox"/> o
C	<input type="checkbox"/> f	<input type="checkbox"/> g	<input type="checkbox"/> f + g	<input type="checkbox"/> o
Toys	<input type="checkbox"/> sent	<input type="checkbox"/> picked up		