



HOLIDAY GIVING PROGRAM 2024 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 2nd** to Senior & Social Services.
- ❖ One application per household.
- ❖ Gifts will be distributed December 10th – 12th 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: _____



ELIGIBILITY REQUIREMENTS

- 1) **Proof of Canton residency.** Applicants must provide a recent piece of official mail with their current Canton address.
- 2) **Proof of benefits.** Applicants must receive one of the following benefits. 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.

- | | |
|---|---|
| <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:_____)