



# Holiday Assistance Program Intake Form

Due to the overwhelming response to this program please complete and return this form to us by October 31st. No requests will be honored after this date.

Please note, all information received through this application is kept confidential.

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# of Adults in Family/Household: \_\_\_\_\_ # of Children in Family/Household: \_\_\_\_\_

Please fill out the information below for each member of the household (adults & children).

Feel free to use the back of the form if more space is needed or if there are more than 6 people in your family.

### Person #1

Name(First & Last): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing Sizes: Tops: \_\_\_\_\_ Bottoms: \_\_\_\_\_ Shoe: \_\_\_\_\_

Wish List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Person #2

Name(First & Last): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing Sizes: Tops: \_\_\_\_\_ Bottoms: \_\_\_\_\_ Shoe: \_\_\_\_\_

Wish List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Person #3

Name(First & Last): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing Sizes: Tops: \_\_\_\_\_ Bottoms: \_\_\_\_\_ Shoe: \_\_\_\_\_

Wish List: \_\_\_\_\_  
\_\_\_\_\_

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**Person #4**

Name(First & Last): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing Sizes: Tops: \_\_\_\_\_ Bottoms: \_\_\_\_\_ Shoe: \_\_\_\_\_

Wish List: \_\_\_\_\_

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**Person #5**

Name(First & Last): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing Sizes: Tops: \_\_\_\_\_ Bottoms: \_\_\_\_\_ Shoe: \_\_\_\_\_

Wish List: \_\_\_\_\_

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**Person #6**

Name(First & Last): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing Sizes: Tops: \_\_\_\_\_ Bottoms: \_\_\_\_\_ Shoe: \_\_\_\_\_

Wish List: \_\_\_\_\_

**Please provide a brief explanation of need for assistance:**

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**Monthly Income:** (Please list all income & benefits your whole family/household currently receives monthly.)

Salary:\_\_\_\_\_ Child Support:\_\_\_\_\_ Food Stamps:\_\_\_\_\_

SSI:\_\_\_\_\_ Unemployment:\_\_\_\_\_ Welfare:\_\_\_\_\_

AFDC:\_\_\_\_\_ Housing:\_\_\_\_\_ Disability:\_\_\_\_\_

Other: \_\_\_\_\_

***Disclaimer of Liability***

The undersigned parent/guardian/head of household hereby releases, waives, and agrees to indemnify and hold harmless We're One Wilmington (WOW) and their authorized members, agents and representatives, from any and all liability arising from or in relation to charitable acts, contributions and/or services provided by WOW for the benefit of the undersigned and his/her family, including but not limited to transportation, child care (at any location), equipment or goods provided by WOW and any meals or food goods provided by WOW. In addition, the undersigned understands that he/she needs to disclose any relevant medical issues, including food allergies, to WOW and any goods provided by WOW to the undersigned or his/her family are in "as-is" condition without any warranties as to safety or fitness.

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

Please send completed application (via mail or scanned document; no pictures will be accepted) with handwritten signature and specific items requested\* to [info@onewilmington.org](mailto:info@onewilmington.org) or mail to:

WOW  
Holiday Assistance Program  
PO Box 25  
Wilmington, MA 01887

**\*Please provide the following so we can evaluate your request:**

- Copy of Photo ID
- Proof of Wilmington, MA residency dated within the past 3 months (i.e. utility bill, pay stub, car payment stub, etc.)
- Please be sure to list all members of the household, including gender and ages, on the application, even if you are not requesting items for the individual.

**Once accepted and confirmed, we ask that you do not apply with any additional holiday gift assistance programs. Thank you!**