

**2016 Application for Holiday Assistance to Families in Need
Town of Milton Welfare Department**

For families residing in Milton and Milton Mills

Adult Names: _____	Birth Date: _____ Age _____
Adult Names: _____	Birth Date: _____ Age _____
Adult Names: _____	Birth Date: _____ Age _____
Address: _____	Town: _____ Zip: _____
Phone: _____	Message#: _____

Complete the following for children age 17 and under residing in the home:

First, Last Name	Age	Gender	Grade	Shirt size	Pant size	Interest, toy, or wish under \$30.00 – Note: It will depend on donations from Community

Please circle household size and income amount:

Household Size	Yearly	Monthly	Weekly
1	\$21,257	\$1,772	\$409
2	\$28,694	\$2,392	\$552
3	\$36,131	\$3,011	\$695
4	\$43,568	\$3,631	\$838
5	\$51,005	\$4,251	\$981
6	\$58,442	\$4,871	\$1,124
7	\$65,879	\$5,490	\$1,267
8	\$73,361	\$6,110	\$1,410
Additional Members add	+7,437	+620	+144

Check the Circle if your Household is any of the following.

- Single Parent
- Grandparent raising grandchildren
- Parent in the Military
- Foster Parent

Does your total Household income based on the size of your household fall at or below the amounts indicated in the table on the left.

Yes No

Check any that are sources of income for your household:

<input type="checkbox"/> Temp Assistance for needy Families	<input type="checkbox"/> Pension/Retirement/Social Security	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Medicaid/Medicare	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Child support
<input type="checkbox"/> Other Holiday assistance program	<input type="checkbox"/> Employment wages	<input type="checkbox"/> Disability Benefits
		<input type="checkbox"/> Headstart

Does your family have special needs? If so please give a brief Statement: _____

The information I have given is complete and true. I give permission for Milton Town Welfare to check with other agencies that may provide the same services that I am applying for. I realize that this program is dependent on the donations of others and can not be predicted whether I will or will not be served. I will report any change in the households within 3 days.

Signature _____ Date: _____

2016 “Gift in Giving” Program

Application for Holiday Assistance for Families in need.
Instructions for families that reside in:
Milton and Milton Mills

This program is not solely income based. We know that many of our families in need do not ask for other more formal assistance from the town, but would greatly benefit from a helping hand during the holiday season. The program protocol is as follows:

- There is a genuine need for assistance to help get your children gifts for the holidays.
- Your family is not asking for assistance from another holiday program for toys or clothing.
- The additional assistance would help your family stay on track with your monthly bills and lessen the financial burden that the holidays put on your budget.
- The assistance will bring added joy to your family and lessen the stress that so many families deal with because of lack of adequate funds during the holidays.

We hope that you consider allowing us to help your family and lessen the financial burden that many of our families experience during the holidays.

All applications are confidential. My assistant and I are the only people who work with the applications and once submitted, your family will be assigned a number and your gifts will be identified by number only.

We will call each family to pick up their gifts at their assigned time, but will work with the families to arrange a private pick up times if the need exists. The gifts will be distributed on Monday, December 19th, 9:00 am – 6:00 pm. Please note on your application what time of day and what date would work best for your family.

It is our hope to be able to give each family that applies a gift or two for each child, and hopefully help each family stretch their holiday funds just a little further.

For further information on this program, please call Milton Welfare at 652-4501 ext. 9 or e-mail welfare@miltonnh-us.com.