

**DUE BY NOVEMBER 8, 2019**

**OPERATION SANTA**

**C/O West Springfield Park and Recreation Department  
26 Central Street – Suite 19  
West Springfield, MA 01089  
(413) 263-3284**

Operation Santa is a community program, sponsored by the Park & Recreation Department and the West Springfield Parish Association, in conjunction with the West Springfield Parish Cupboard. This program distributes food baskets, toys, or gift certificates to families in need in West Springfield. The toys or gift certificates are available to children 15 years of age and younger in families where the holiday season might be less joyful without these gifts. Townspeople, along with businesses and community groups, are among those who contribute so that families in West Springfield might have a more joyful holiday.

An application form and income guidelines are attached. If you feel that your family qualifies, please fill out the application and return it along with the required documents, **by November 8, 2019** to the: West Springfield Park & Recreation Department, 26 Central Street - Suite 19, West Springfield, MA 01089-2784. **Only persons currently residing in West Springfield through December 14, 2019, are eligible for this program.**

**AN APPLICATION THAT IS NOT FULLY COMPLETE AND DOES NOT HAVE THE PROPER DOCUMENTATION OF CHILDREN 15 YEARS AND YOUNGER CANNOT BE APPROVED.**

If you feel that you have a hardship but do not qualify by the income guidelines please complete this application and submit a cover letter explaining the reasons(s) and nature of the hardship in order to be considered.

**INCOME GUIDELINES 2019**

<b>HOUSEHOLD SIZE</b>	<b>GROSS ANNUAL INCOME</b>
1	\$ 18,735
2	\$ 25,365
3	\$ 31,995
4	\$ 38,625
5	\$ 45,255
6	\$ 51,885
7	\$ 58,515
8	\$ 65,145

For each additional person add: \$ 4,320

**CONFIDENTIALITY:**

The information you give on the application will be used only to allow your children to receive toys/gift certificates and/or food baskets from the Operation Santa Program

Food baskets and gifts will be delivered on **Saturday morning, December 14<sup>th</sup>**, using the services of townspeople and high school students. Those people to whom gifts will be distributed must have a responsible adult home at the address shown on the application, on Saturday morning between 8:00am – 10:00am.

**DUE BY NOVEMBER 8, 2019**

**OPERATION SANTA APPLICATION**  
**PLEASE PRINT**

**HEAD OF HOUSEHOLD INFORMATION:** (Head of household must complete, sign and return application with all supporting documents by 11/8/19. Applications without complete documentation will not be considered.)

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

Name: \_\_\_\_\_  Married  Single  Divorced

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is this address a Motel/Hotel?  Yes  No Name of Motel/Hotel: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone # \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone # \_\_\_\_\_

**Please check all of the following that apply to your household:**

Employment  Free/Reduced Lunch  Medicaid/Medicare  
 Child Support  Social Security  Unemployment  
 Food Stamps/EBT  TAN F  Other

**Total Number Residing in Household Including Self:** \_\_\_\_\_

**Names of Household members (Include self & all that live in your home)**

#	Name	M/F	Date of Birth	Age	Relationship to Applicant	Employed? Yes/No	Annual Income (including public assistance)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Number of children 15 years or younger?** \_\_\_\_\_  
(Birth Certificates needed for each child under 15 years of age)

**DUE BY NOVEMBER 8, 2019**

**HOUSEHOLD INCOME**

Please report all household income below. Then provide total annual gross income for household.

<u>Type of Income (Gross Earning)</u>	<u>Amount</u>	<u>Frequency</u>	<u>Total Annual Household Income</u>
Wages/Salaries			
Social Security/SSI			
Food Stamps			
Unemployment			
Child Support/Alimony			
Pension/Retirement			
Other (TANF, Cash, Assistance, School Loans, etc)			
<b>Annual Gross Income (add all household income)</b>			

*The following documents must accompany the application.*

- 1. PROOF OF RESIDENCY:** PHOTO I.D or if you have recently moved a **PIECE OF MAIL WITHIN 30 DAYS** is required with: POSTMARK or MOST RECENT UTILITY BILL
- 2. PROOF OF HOUSEHOLD MEMBERS:** BIRTH CERTIFICATE or PASSPORT, for children 15 years and younger.
- 3. PROOF OF INCOME:** 1.COPIES OF ASSISTANCE 2. COPY OF MOST RECENT PAY STUBS 3. COPY OF MOST RECENT TAX RETURNS

**CERTIFICATION:**

I certify (promise) that all information on this application is true and that all income is reported. I understand that Park & Recreation officials may verify (check) the information. I understand that if I purposely give false information, my family may be denied assistance, and I may be prosecuted.

\_\_\_\_\_  
Signature by Adult Household Member

\_\_\_\_\_  
Date

<u>For Office Use Only:</u>	<u>Age</u>	<u># Girls</u>	<u># Boys</u>
	0-2	_____	_____
	3-5	_____	_____
BASKET SIZE	6-8	_____	_____
	9-10	_____	_____
	11-15	_____	_____
	TOTAL	_____	_____