

## 2017 Sudbury Holiday Gift and Donation Program Application

At times, members of the community offer to sponsor a family by donating holiday gifts, food and other items. The number of donors varies year by year. Not everyone who applies will receive a donation, and only those who are selected will be contacted by the Board of Health Social Worker. Applications will be reviewed for completeness, and then a team will select recipients anonymously based on application information, including the thoughtfulness of responses. Please provide thorough, thoughtful, and detailed information.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Members in Your Household:**

Name	Date of Birth	M/F
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE RETURN ALL PAGES IN A SEALED ENVELOPE TO :**

**2017 Sudbury Holiday Gift and Donation Program**

**c/o The Board of Health**

**275 Old Lancaster Road, Sudbury, MA 01776**

**BY NOVEMBER 1, 2017**

**\*\*Program is only open to Sudbury residents\*\***

Application #: \_\_\_\_\_

Total number of family members in your household: \_\_\_\_\_

Total annual household income: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Please describe your family's current needs: \_\_\_\_\_

---

---

---

---

---

Please describe why you feel your family would be a good fit for this program: \_\_\_\_\_

---

---

---

---

---

---

Please share how being chosen for this program would benefit your family: \_\_\_\_\_

---

---

---

---

---

---

If chosen for this program, you will be contacted by the Board of Health Social Worker or Social Work Intern. You will be expected to arrange for you or someone you know to pick up the donated items at the Department of Public Works Building in Sudbury.

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

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

---

*Internal use only*

Date Received: \_\_\_\_\_ Assigned #: \_\_\_\_\_

### WISH LIST

**This list should not contain any identifying information and will be shared with the person purchasing the gifts. It's helpful to list gifts in a few different price ranges. Please feel free to include yourself as well!**

Family Member # 1:

Age: \_\_\_\_\_ (or age range if you are more comfortable with that) M/F: \_\_\_\_\_

Desired gifts:

---

---

---

---

Family Member # 2:

Age: \_\_\_\_\_ (or age range if you are more comfortable with that) M/F: \_\_\_\_\_

Desired gifts:

---

---

---

---

Family Member # 3:

Age: \_\_\_\_\_ (or age range if you are more comfortable with that) M/F: \_\_\_\_\_

Desired gifts:

---

---

---

---

Family Member # 4:

Age: \_\_\_\_\_ (or age range if you are more comfortable with that) M/F: \_\_\_\_\_

Desired gifts:

---

---

---

---

Application #: \_\_\_\_\_

Family Member # 5:

Age: \_\_\_\_\_ (or age range if you are more comfortable with that) M/F: \_\_\_\_\_

Desired gifts:

---

---

---

Family Member # 6:

Age: \_\_\_\_\_ (or age range if you are more comfortable with that) M/F: \_\_\_\_\_

Desired gifts:

---

---

---

Family Member # 7:

Age: \_\_\_\_\_ (or age range if you are more comfortable with that) M/F: \_\_\_\_\_

Desired gifts:

---

---

---

**Please check any other programs below that you would be interested in if they become available:**

- Thanksgiving ham, turkey or food basket
- December ham, turkey or food basket
- Christmas Tree
- Spring basket full of items of your choosing (food, household supplies, bath and beauty, etc.)
- Other community donations that become available