



HOLIDAY GIVING PROJECT 2020 REFERRAL AND CONSENT FORM



PLEASE RETURN THIS FORM TO:	BY THE FOLLOWING DATE:

The Holiday Giving Project has provided Thanksgiving and December holiday assistance to low-income households for over 30 years. A network of social workers, school counselors, and human service professionals refer families in need of assistance. Local non-profits, faith-based organizations, and public agencies serve Holiday Giving recipients, as donations are available. If you and your family are in need and would like to be referred for possible assistance for the holiday season, please complete this referral form to provide the required information. Resources are limited: please apply only if you and your family are truly in need. While a referral is not a guarantee of assistance, the Project helps as many families in need as donations allow.

RESPONSIBLE ADULT	
LAST NAME	FIRST NAME

CONTACT INFORMATION			
EMAIL			
PHONE		PREFERRED LANGUAGE	
ALT PHONE		OTHER FAMILIES IN HOME?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDRESS		
HOUSE #	STREET NAME	APT #
CITY		STATE
		MD
ZIP CODE		

REQUEST FOR ASSISTANCE			
THANKSGIVING	<input type="checkbox"/> YES <input type="checkbox"/> DECLINE	# OF ADULTS (18 or older)	
DECEMBER	<input type="checkbox"/> YES <input type="checkbox"/> DECLINE	# OF CHILDREN (17 and under)	
DIETARY RESTRICTIONS			

CONSENT	
<p><i>I request that my family be referred to the Holiday Giving Project for assistance. I understand that my information will be entered in the Holiday Giving Project database and will be shared only with authorized Holiday Giving Project partners and volunteers, including possibly for delivery of assistance to my home and for communication by phone, email or text messaging. I further understand that I am responsible to inform the person making this referral if my family situation changes, such as my address. I have not been referred to this program by any other organization.</i></p>	
SIGNATURE (PRINTED NAME)	DATE FORM IS SIGNED

(please provide names of children on next page)

CHILDREN INFORMATION (REQUIRED FOR EACH CHILD)

CHILD 1			
LAST NAME		AGE	
FIRST NAME		GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER

CHILD 2			
LAST NAME		AGE	
FIRST NAME		GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER

CHILD 3			
LAST NAME		AGE	
FIRST NAME		GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER

CHILD 4			
LAST NAME		AGE	
FIRST NAME		GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER

CHILD 5			
LAST NAME		AGE	
FIRST NAME		GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER

CHILD 6			
LAST NAME		AGE	
FIRST NAME		GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER

CHILD 7			
LAST NAME		AGE	
FIRST NAME		GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER

CHILD 8			
LAST NAME		AGE	
FIRST NAME		GENDER	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER

OTHER NEEDS (OPTIONAL)

OTHER NEEDS FOR YOUR FAMILY (OPTIONAL)	
<input type="checkbox"/> Food assistance <input type="checkbox"/> Housing / rental assistance <input type="checkbox"/> Information on free COVID-19 testing <input type="checkbox"/> Unemployment assistance <input type="checkbox"/> Childcare	You may identify other needs for your family using the checkboxes on the left. By checking a box, you consent to possibly being contacted by or connected to other programs. This may include the mailing of information to your home. Checking the box is not a guarantee of service.