

# The Salvation Army - Holiday Assistance 2019

## WHO do we help?

- Households within **Grand Traverse and Leelanau Counties only**.
- Households that have not applied for holiday assistance elsewhere.

## WHAT assistance is available?

- Thanksgiving **or** Christmas Food Basket
- Christmas Toy Shop (children ages 0-17)
- Adopt-a-Teen Program
  - Gifts for Teens 13-17 provided by sponsors from the community
  - A “Wish List” of reasonable gift suggestions is given by you

## WHEN can I apply?

- Tuesday, November 5: 9am – 11am and 12 – 4pm
- Thursday, November 7: 9am – 11am and 12 – 4pm
- Saturday, November 9: 9am – 11am and 12 – 4pm
- Tuesday, November 12: 9am – 2pm

## WHERE can I apply?

- The Salvation Army - 1239 Barlow Street, Traverse City MI, 49686
- Call (231) 946-4644 with questions

## HOW do I qualify for assistance?

### Bring the following with you to apply:

- Documentation:
  - Picture ID for **all** household members ages 18 and up is required.
  - Proof of current physical address.
  - **One ID for EACH child being registered that shows their proof of birth date** (Examples: Birth Certificate, Shot Record, or School Record). **\*Social Security Cards not accepted**
- Verification of Income:
  - Verification of income is required; it must display **all** household income for last 30 days. (Paystubs – if no income DHHS award letters)
  - Tax forms or a bank statement is accepted to verify the income for the self-employed
  - Families up to the 150 percentile of the 2019 federal poverty level are eligible for assistance.

BRING THE ENCLOSED FORMS COMPLETED and all of the above documentation to the Holiday Assistance sign up **or you WILL NOT BE REGISTERED at that time.**

# The Salvation Army Information Management Systems (SIMS)

Consent to Record Applicant Information (CRAI)

Basic Needs Assistance Applications



## **NOTICE**

We collect personal information directly from you for reasons outlined in The Salvation Army Client Data Management System Privacy Policy and Guidelines. We may be required to collect some personal information by law or by organizations that provide funds for this program. Other personal information we collect is important to manage our programs, to improve services, and to better understand the needs of those we serve. We only collect information we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our privacy policy is available to all clients upon request.

## **YOUR RIGHTS**

You have the right to a copy of the information about you in the Salvation Army Information Management System as outlined in the Client Data Management System Privacy Policy. You have the right to correct mistakes in information about you.

If you have a complaint about the performance of any Salvation Army staff member, intern or volunteer, or feel treated unfairly in any way, you can follow the grievance policy steps outlined in the Salvation Army Client Data Management System Privacy Policy. Grievances may be formally filed by making an appointment to speak with or by submitting a written complaint to The Salvation Army Unit Director at the location you are being served.

## **SIGNED CONSENT**

Do to the often urgent nature of assistance requests, only one adult applicant need sign for the household when presenting for basic needs assistance.

Your signature shows that you permit The Salvation Army's representative to enter your personal household information into The Salvation Army information Management System (SIMS).

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_

Print Name-Applicant

Date of Birth

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_

Signature of Applicant

Date Signed

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_

Signature of Witness

Date Signed

# The Salvation Army Holiday Assistance Application - 2019

Please **PRINT** all information clearly. Thank you!

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Head of Household: \_\_\_\_\_ # In Household \_\_\_\_\_

Interviewer: \_\_\_\_\_

## PLEASE INDICATE WHICH HOLIDAY ASSISTANCE PROGRAMS YOU ARE APPLYING FOR:

\_\_\_\_\_ Thanksgiving Food Basket **OR** \_\_\_\_\_ Christmas Food Basket

\_\_\_\_\_ Christmas Toy Shop (Children up to age 17)

\_\_\_\_\_ Adopt-a-Teen Program (Teens ages 13-17) (Fill out Wish List Form on back. If selected, gifts will be provided for the Teen by a sponsor from the community)

INCOME:	
Salary:	\$
SSI/SSDI:	\$
Child Support:	\$
State DHS/DCF Grant:	\$
Food Stamps:	\$
Other	\$
Other	\$
Other	\$
Other	\$
Other	\$
Other	\$
Other	\$
<b>TOTAL HOUSEHOLD INCOME</b>	\$

Special circumstances? (please describe):

Is anyone in the household currently pregnant?    Y       N

Please initial:	Statements
	I swear that the information provided on this application is true and complete, that it is subject to verification, and if found to be fraudulent, my household may be disqualified from receiving Holiday Assistance from The Salvation Army.
	I give permission for The Salvation Army to consult with other service providers about Holiday Assistance provided to my household.
	I give permission for The Salvation Army to share my household's first names, ages, genders, and gift suggestions with a family or organization who may wish to sponsor my household for Holiday Assistance.
	I will not seek assistance from other agencies for Holiday Assistance. I understand that my household may be disqualified from all Holiday Assistance if I seek assistance from other agencies.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(PLEASE TURN PAPER OVER TO COMPLETE)**

# The Salvation Army Holiday Assistance Application - 2019

Please **PRINT** all information clearly. Thank you!

Your Name \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List **ALL** people living in household:

	Relationship to You	First Name:	M I	Full Last Name:	Date of Birth:	AGE	Gender	Primary Race	Secondary Race	Hispanic	Veteran	Disability
1	Head of Household				____/____/____		M F			Y N	Y N	Y N
2					____/____/____		M F			Y N	Y N	Y N
3					____/____/____		M F			Y N	Y N	Y N
4					____/____/____		M F			Y N	Y N	Y N
5					____/____/____		M F			Y N	Y N	Y N
6					____/____/____		M F			Y N	Y N	Y N
7					____/____/____		M F			Y N	Y N	Y N
8					____/____/____		M F			Y N	Y N	Y N

## HOUSEHOLD INFORMATION

TA DATES 12/25/2006 – 12/25/2002

Homeless? Y N	Primary language spoken in home	Secondary language spoken in home:		County:
Address:		Apt. or Lot #	City:	Zip Code:
Phone #: ( ) -----		E-mail Address:		

I swear that the information provided on this application is true and complete, that it is subject to verification, and if found to be fraudulent, my household may be disqualified from receiving assistance from The Salvation Army.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

PLACE TIME AND DATE STICKER HERE

**The Salvation Army**  
**Adopt-a-Teen 2019**  
**WISH LIST**

Families Last Name \_\_\_\_\_ Access ID #: \_\_\_\_\_

**For TEENS (ages 13-17)**

Applicant's First Name	Gender	Age	Gift Ideas	Sizes	Please indicate sizes in: Girl's, Junior's, Ladies', Boy's or Men's.
	M   F		1.	Shirt:	
			2.	Pants:	
			3.	Shoes:	
			4.	Height:	
			Favorite Color:  Favorite Sports Team/Band/Characters:  Special Interests:  Other helpful information:		
	M   F		1.	Tops/Shirt:	
			2.	Pants:	
			3.	Shoes:	
			4.	Height:	
			Favorite Color:  Favorite Sports Team/Character:  Special Interests:  Other helpful information:		

*Please COPY if more than two teens in family*