

LARS Holiday Program 2018

In order to serve as many families as possible, we have made a few changes to our Holiday Program application process. Please review all information carefully.

Please note:

- **Dates for accepting applications**

- **Current LARS clients** (anyone who has received services from LARS between February 1, 2018-August 31, 2018) may submit their applications beginning on **Monday, September 24th-Friday, October 5th**.
- On **Monday, October 10th**, **all clients, new and current**, may submit their applications.

- **Needed documents**

- In order to submit an application, you **MUST** have **all** of the following documents with you (or in your file):
 - Picture ID for all household members over 18
 - Social security cards for ALL household members
 - Birth certificates for all children (birth record or school record is required if no birth certificate is available)
 - Proof of Laurel residence (current photo ID showing Laurel address, lease, mortgage, letter from landlord)

- **Application Process**

- We will only be reviewing up to the first 15 applications each day that LARS is open to the public. *This number is subject to change depending upon staff availability
- You must meet with a case manager to review your application for holiday assistance.
- We will continue reviewing applications until we have met our capacity.
- You will receive one wish list page per child in the household. The wish list can be completed and decorated by or with your child.

Thank you!

Laurel Advocacy & Referral Services, Inc.
2018 Holiday Program Application

Name: _____ Date of Application: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Cell) _____ (home) _____

E-mail: _____

What is the best way to reach you? Phone E-mail

Do you consent to email communication? (Initial One) Yes No

Number of Adults in Household (18 & over): _____ Number of Children in Household (under 18): _____

What would you like assistance with? (Check all that apply)

Thanksgiving Food December Holiday Food Gifts (For children under age 18 only)

Have you requested holiday assistance from any other organization? Yes No

If yes, please list organization: _____

Holiday Program Release of Information

Laurel Advocacy and Referral Services, Inc. (LARS) works with numerous local congregations, civic organizations, and community agencies during our holiday program. To best serve individuals and families in need, LARS will share the names of families seeking holiday assistance with local congregations, organizations, and civic groups that may have similar programs. **Failure to disclose participation in another holiday program will result in removal from our program.** This release will expire on January 31, 2019.

By signing this form, I _____ agree to allow workers from Laurel Advocacy & Referral Services, Inc. to share information regarding holiday program services with local congregations, organizations, and civic groups that may have similar programs as needed.

Client Signature

Date

Client Name Printed

LARS Representative Signature

Date

Holiday Program Story Release Form *(Optional)*

LARS is collecting stories that bring to life how programs like ours help people and families – and why these services are so important. With your permission, your story could be used on LARS’ website or social media pages, in our communications with donors and stakeholders, and in testimonies provided to elected officials. We will not share the story in any other way without your permission and you can share as little or as much information as you like. Sharing your story with LARS helps us educate our community and policymakers about the issues our clients face. You might also inspire someone else who is experiencing similar struggles to reach out to LARS for help.

Personal stories are the most powerful tool we have in our fight to provide emergency assistance to people in our community. Thank you for sharing your story!

Your Name: _____

***May we use your real first and/or last name, or would you prefer to remain anonymous?**

First name only

First and last name

I prefer to remain anonymous

May we contact you if we have any questions about your story? (Circle one) YES / NO

Permission to Use Client Story

I, (sign your name here) _____, grant permission to Laurel Advocacy & Referral Services, Inc. (LARS) to use information about how LARS helped me and/or my family in agency publications, media coverage including newspapers articles, promotional videos, and other publications as determined by the staff of LARS.

Permission to Use Photos/Video

I, (sign your name here) _____, grant permission to LARS to use photos and/or video of myself and/or my family in agency publications, media coverage including newspaper articles, promotional videos, and other publications as determined by the staff of LARS.

I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith. I also agree that this releases LARS and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image and/or voice of myself. I am of full legal age. I have read this release and am fully familiar with its contents.

Printed Name: _____

Signature: _____ **Date:** _____

LARS Representative Signature: _____ **Date:** _____

Holiday Program Disclaimer

In recent years, LARS has received numerous requests for assistance during the holiday season. LARS is committed to serving all individuals and families in need. However, we are not always able to keep up with the growing requests for assistance. Applying for holiday assistance *does not guarantee* that you will receive assistance. After you have provided **all required documents**, a LARS caseworker and/or the Holiday Program Coordinator will review your application and an attempt will be made to match your family with a donor. LARS is unable to provide meals and gifts for every family and individual that applies, although we will do our best to match you with a potential donor or refer you to another organization. Complete applications (i.e. those with all required documents on file) will be reviewed on a first come, first-served basis.

Laurel Advocacy & Referral Services, Inc. abides by all Federal and state anti-discrimination laws. No person shall be discriminated against on the basis of race, sex, age, religion, ethnic background, marital status, sexual orientation, disability, or other protected classes.

Holiday Program Rules:

- 1.) All individuals/families requesting assistance must complete an intake assessment with a LARS caseworker. No one will be registered for the Holiday Program without meeting with a caseworker.
- 2.) All individuals requesting assistance must have guardianship or documentation that all children are residing under their care, proof of residence, as well as Social Security cards for all household members. In the absence of a Social Security card, acceptable forms of documentation include a letter from child's school, medical or daycare information with child's name and your address, etc. Please refer to the Holiday Program Information Sheet for a list of all required documents.
- 3.) All individuals requesting assistance must sign a release of information so that LARS can work with other agencies and organizations on your behalf.
- 4.) After the individual has met with a LARS caseworker AND all required documents have been submitted, the individual will be notified of their acceptance or our inability to assist this holiday season. If the individual is not notified in person, then they will be notified by phone or email within 10 working days. The LARS office is overwhelmed with phone calls during this time of year. If you have access to email, ***please email*** Alli Milner at amilner@laureladvocacy.org for inquiries about the status of your application.
- 5.) You may request assistance with Thanksgiving food and December holiday food .
- 6.) Gift requests may only be made for children under the age of 18. Please note that this has changed since previous years. In order to serve more families, parents and adult children will not be permitted to request gifts for themselves, although general requests for the household can be listed at the bottom of the wish list page.
- 7.) Denials will be based on the following:
 - Inability to match with a donor.
 - Falsification of information, such as inaccurate address or household information.
 - Another agency has already agreed to assist you.
 - Inability to demonstrate financial need/hardship.
 - Violation of LARS' Code of Conduct

I have read and understand the Holiday Program Disclaimer and Rules.

Client Signature

Client Name Printed

Date

OFFICE USE ONLY: CM Initials - _____

All Documents on File

Approved

Gave Dates

Service Logged

*Once all steps have been completed, place paper application in Alli's box.

PLEASE READ!

IMPORTANT INSTRUCTIONS:

- You will receive one Household Cover Page for your family.
- You will receive one Wish List page for each child in the household.
- **The wish list can be completed and decorated by or with your child.**
- The Wish Lists and Household Cover will be given to the individual, group, or organization that has volunteered to provide gifts for your family this holiday season. **Please do not include any names or identifying information on the Wish Lists or Household Cover Pages.**
- **Identify each child by INITIALS ONLY.**
- Gift requests may only be made for children under the age of 18.
- This program is intended for families with children who are in need of **basic essentials** (clothing, shoes, toys, books, household items, etc.).
- This program is **NOT intended for luxury items such as video game systems, smartphones, name brand clothing, etc.**
- Please write as clearly as possible and provide enough detail to give donors an idea of what your children need most.



MY WISH LIST



Color me! (¡Píntame!)

My Initials are (Mis iniciales son): _____ . My age is (Mi edad es): _____ .
My Gender is (Mi género es) _____ .

I wear size (Yo uso talla)...

Shirts (Camisas): _____ in (Uso talla para) Men's / Women's / Children's
Hombre / Mujere / Niño sizes.

Pants (Pantalones): _____ in (Uso talla para) Men's / Women's / Children's
Hombre / Mujere / Niño sizes.

Shoes (Zapatos): _____ in (Uso talla para) Men's / Women's / Children's
Hombre / Mujere / Niño sizes.

When I am not in school I love to...
(Cuando no estoy en la escuela, me encanta...)



I seem to always need more...
(Parece que siempre necesito más...)

Thank you, but I have enough...
(Gracias, pero tengo suficientes...)

I think I would enjoy having...
(Creo que me gustaría tener...)

These are a few of my favorite things...
(Estas son algunas de mis cosas favoritas...)

Color - _____
Band/Music
(Banda / Música) - _____
Sports Team
(Equipo deportivo) - _____
TV Show
(Programa de television) - _____
Book (Libro) - _____
Movie (Película) - _____
Animal- _____
Store to shop at
(tienda para comprar en) - _____

Is there anything else you would like to share about yourself?
(¿Hay algo más que quieras compartir sobre tí?)



CM: _____