

## INFORMATION ON THE HOLIDAY BASKET PROJECT

(Please keep this sheet for further information)

The Portage County Holiday Basket Project provides food and/or gifts for low income and working poor families who would be unable to provide a holiday meal or gifts for themselves and their children. A holiday basket is delivered to your home for the holiday by a "basket sponsor." This sponsor represents a service group, church group, business/employee group, or another family wishing to help you during the holidays. All items received are purchased by your basket sponsor.

Each basket will include enough food to enable you to enjoy a holiday meal. Gifts for the children will be provided through the project.

Eligible households should have a MONTHLY INCOME below these guidelines:

2012 FEDERAL POVERTY LEVELS (FPL)			
GROUP SIZE	MONTHLY 150% FPL	GROUP SIZE	MONTHLY 150% FPL
1	\$1,396.25	6	\$3,871.25
2	\$1,891.25	7	\$4,366.25
3	\$2,386.25	8	\$4,861.25
4	\$2,881.25	Each Added Person	\$495.00
5	\$3,376.25		

If you wish to apply for a 2012 basket please complete the application and return it by **DECEMBER 10, 2012** to the address below.

**ABSOLUTELY NO APPLICATIONS WILL BE ACCEPTED AFTER DECEMBER 10, 2012.**

Mail your completed application **before** December 10 to:

Holiday Basket Project  
5000 Heffron Street  
Stevens Point, WI 54481

\*\* Is there a possibility you could **MOVE BEFORE DECEMBER 10?** If so please inform this office by calling 344-9950.

IF YOU ARE APPROVED YOUR BASKET WILL BE DELIVERED BEFORE CHRISTMAS -- THIS COULD BE AS LATE AS DECEMBER 24 DEPENDING ON YOUR SPONSOR'S SCHEDULE.

You may wish to thank your sponsor with a brief written note. This may be handed to them at the time of delivery or, if you wish, send the note to the Holiday Basket Office at 5000 Heffron and we will forward it to your sponsor.

If you have any questions please contact Karen Aldinger, Mitzi Hlavac, Joanie Hanson or Donna Marx at (715) 344-9950. If no one answers please leave a message and your call will be returned.

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# HOLIDAY BASKET PROJECT APPLICATION

Must be completed by the family as accurately as possible and returned by December 10, 2012.

Heads of Household

Adult Male \_\_\_\_\_  
LAST NAME (MALE) FIRST AGE

Adult Female \_\_\_\_\_  
LAST NAME (FEMALE) FIRST AGE

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_ IF NO PHONE, INDICATE NONE

Total Number in Household: \_\_\_\_\_

\*\*\*\*\*  
 Directions to your home: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADULTS: Name (Please list all adults in household)	SEX	AGE

Children:

First Name	School	Sex	Age	What toy or clothing would s/he like? (1 gift \$25 or less, if clothing is your choice, please indicate sizes)

(Please use an extra sheet if you need more space.)

Signature \_\_\_\_\_

The above information on this form will be given to your basket sponsor.

**THIS FORM MUST BE RETURNED BY DECEMBER 10. LATE APPLICATIONS WILL NOT BE FILLED.**

Total Monthly Income: \$ \_\_\_\_\_ (including SSI and spouse's income)