



Interfaith Caregivers, Inc.
Neighbors Helping Neighbors

GIFT TREE INVITATION

Happy Holidays!

Your family is invited to participate in the Gift Tree Program.

Enclosed herein please find a full application for Gift Tree Program. Please complete the forms, attach the necessary documentation, and return the packet to us no later than October 29, 2021, in order that we may match your family to a holiday sponsor.

By participating in the Gift Tree Program, please be advised that you are prohibited from participating in a similar-type program this year.

Should you have any questions or concerns regarding this packet, please do not hesitate to contact our offices at 716-372-6283.

212 Laurens St. P.O. Box 319 Olean NY, 14760
phone: (716) 372-6283 fax: (716) 372-6326
www.interfaithcaregiversinc.org





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GIFT TREE CHECKLIST

_____ INTERFAITH CAREGIVERS INTAKE FORMS (You **MUST** include EVERYONE'S social security number and date of birth. You must complete a Household Member sheet for EVERY person residing in the household.)

_____ INCOME VERIFICATION FOR **EVERY** MEMBER OF THE HOUSEHOLD (Copies of the **four most recent** pay stubs, unemployment check stubs, Worker's Compensation or disability check stubs, etc. OR copy of unemployment/compensation/disability award letter; copy of Social Security benefit letter for the current year; copy of annuity benefits for the current year; (If you wish to use copies of your bank statements to provide itemized direct deposit documentation, please provide copies of the **three most recent** statements.); if self-employed, a copy of Schedule C (Profit/Loss) from the most recent year's income tax forms; copy of a decision/notice or budget sheet from DSS stating that you have been determined eligible for public assistance, food stamps, and/or HEAP benefits, if applicable.)

_____ RELEASE OF INFORMATION

_____ WISH LIST (You must complete a Wish List sheet for EVERY child 18 years and under residing in the household.)

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212 Laurens Street, PO Box 319 ♦ Olean, NY 14760 ♦716-372-6283

***All information obtained is confidential and will not be released without written consent.

Name of the Applicant: _____

Address: _____ Apt # _____

Mailing Address: _____

City: _____ State: _____ ZIP Code _____

Phone Number: () _____ Alternative Number: () _____

Email Address: _____

Place an "X" Next to Your Answer: Geographic Area:

(County of Residence)

- Allegany Livingston
- Cattaraugus Wyoming
- Chautauqua Other: *What County*

Housing Situation:

- Own - monthly mortgage = \$ _____
- Rent - monthly rent = \$ _____
- Homeless
- Other (staying with friends, family)
- Other Permanent Housing

Non-Cash Benefits:

- Y or N** - SNAP: Who _____
- Y or N** - WIC: Who _____
- Y or N** - HEAP/LIHEAP: Who _____
- Y or N** - Childcare Voucher: Who _____
- Y or N** - Affordable Care Act Subsidy: Who _____
- Y or N** - Housing Choice Voucher: Who _____
- Y or N** - HUD-VASH: Who _____
- Y or N** - Permanent Supportive Housing: Who _____
- Y or N** - Public Housing: Who _____

Family Type:

- Single Person
- Two Adults/No Children
- Two-Parent Household
- Single Parent/Female
- Single Parent/Male
- Non-Related Adults w/Children
- Multigenerational Household
- Other

INTERFAITH CAREGIVERS STAFF USE ONLY - PLEASE PRINT

Employee assisting with intake: _____

For what program(s): GIFT TREE ; Date: _____

Referring Agency/Name/Contact Number: _____

Applicant:

First Name: _____ **Last Name:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth (mm/dd/yyyy):** ____ / ____ / ____

Place an "X" next to your answer:

Gender:

- ____ Male
- ____ Female
- ____ Other

Veteran/Active Duty:

- ____ Yes
- ____ No
- ____ Active

Hispanic, Latino, or Spanish background:

- ____ Yes
- ____ No

Disabled:

- ____ Yes
- ____ No

Primary Language:

- ____ English
- ____ Spanish
- ____ Other

Highest Level of Education:

- ____ 0 - 8th grade
- ____ Grades 9-12/Non-Graduate
- ____ High school graduate
- ____ GED
- ____ 12 grade + Some Post-Secondary
- ____ 2 Year College Graduate
- ____ 4 Year College Graduate
- ____ Graduate or Other Post-Secondary School
- ____ Vocational/Trade School

Race:

- ____ Black or African American
- ____ Asian
- ____ Multi Race (Two or More)
- ____ American Indian and Alaska Native
- ____ Other (Single Race)
- ____ White or Caucasian
- ____ Native Hawaiian & Other Pacific Islander

Employment status:

- ____ Employed Full-Time
- ____ Employed Part-Time
- ____ Migrant Season Farm Worker
- ____ Unemployed (Short-Term, 6 months or less)
- ____ Unemployed (Long-Term, more than 6 months)
- ____ Unemployed (Not in Labor Force)
- ____ Unemployed Student(Not in Labor Force)
- ____ Retired

Marital status:

- ____ Divorced
- ____ Married
- ____ Never married / Single
- ____ Separated
- ____ Widowed
- ____ Domestic Partner
- ____ Child

Do you have health insurance? ____ Yes ____ No

If so, Type:

- ____ Medicaid
- ____ Medicare
- ____ State Children's Health Insurance Program
- ____ State Health Insurance for Adults
- ____ Military Health Insurance
- ____ Direct Purchase
- ____ Employment Based
- ____ Seneca Nation Health Insurance

Disconnected Youth:

- ____ In School/Not Working
- ____ In School/Working
- ____ Not Working/Not in School
- ____ Working/Not in School

Additional Household Member:

First Name: _____ **Last Name:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth (mm/dd/yyyy):** ____ / ____ / ____

Place an "X" next to your answer:

Gender:

- ____ Male
- ____ Female
- ____ Other

Veteran/Active Duty:

- ____ Yes
- ____ No
- ____ Active

Hispanic, Latino, or Spanish background:

- ____ Yes
- ____ No

Disabled:

- ____ Yes
- ____ No

Primary Language:

- ____ English
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- ____ Other

Highest Level of Education:

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- ____ 4 Year College Graduate
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Disconnected Youth:

- ____ In School/Not Working
- ____ In School/Working
- ____ Not Working/Not in School
- ____ Working/Not in School

Your Relationship to Head of Household:

- ____ Child/Step-Child
- ____ Spouse
- ____ Related Adult
- ____ Non-Related Adult
- ____ Non-Related Child
- ____ Other Related Child

Income Information:

Complete One Page for **EACH** Household Member with an Income:

First Name: _____ Last Name: _____

Please tell us how much you get from each source of income and how often:

<u>Source of Income</u>	<u>How much?</u> Before Deductions	<u>How often?</u> weekly, biweekly, monthly, yearly
___ Wages	_____	_____
___ Self Employment	_____	_____
___ SS - Retirement	_____	_____
___ SSI	_____	_____
___ TANF	_____	_____
___ Unemployment	_____	_____
___ Pension	_____	_____
___ Worker's Compensation	_____	_____
___ Interest/Dividend	_____	_____
___ Rental Income	_____	_____
___ Alimony	_____	_____
___ SSDI	_____	_____
___ Child Support	_____	_____
___ Public Assistance	_____	_____
___ Foster Care Subsidy	_____	_____
___ Pension	_____	_____
___ VA - Non-Service Connected Pension	_____	_____
___ VA - Service Connected Compensation	_____	_____
___ EITC	_____	_____
___ Private Disability Insurance	_____	_____
___ Other	_____	_____

Please Explain: _____

___ No Income



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GIFT TREE RELEASE OF INFORMATION

(1) I, _____, give my permission for Interfaith Caregivers, Inc. to obtain from/ release to the following information on my household members and myself.

(2) The following providers may share information regarding CHRISTMAS/HOLIDAY ASSISTANCE FOR MY HOUSEHOLD MEMBERS

(3) It is my understanding that this information is to be used for the following reasons: CHRISTMAS/ HOLIDAY ASSISTANCE

(4) PERSON/ORGANIZATION/FACILITY/PROGRAM:

_____ Santa Sheriff

_____ CCA Christmas Sharing

Other: _____

(5) I have been told that in order to protect the confidentiality of my records, my agreement to obtain or release information is necessary, and that this permission is limited for the purpose of advocacy on my behalf. This consent automatically expires 12 months from the date of signing. This consent may be revoked at any time, in writing, except when the information has already been released. I further understand that relevant information may be shared between programs at Interfaith Caregivers in order to comprehensively meet my needs, unless specifically prohibited in writing. Employees of Interfaith Caregivers, Inc. are mandated reporters and have a duty to warn in the event that they believe that I may do harm to myself or others.

Client Signature

Date

Interfaith Caregivers Employee Signature

Date

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GIFT TREE WISH LIST

DATE: _____

FAMILY NAME: _____ # OF CHILDREN: _____

CHILD'S INITIALS: _____ AGE: _____

SIZES: SHIRT _____ PANT _____ SHOE/SOCK _____

FAVORITE COLORS: _____

INTERESTS/ ACTIVITIES: _____

WISHES:

1. _____

2. _____

3. _____

4. _____

5. _____

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