

Office Use Only
HH # _____

**Holiday Request
Mahaska County 2020**

Parent Name(s): _____
 Phone Number(s) were you can be reached: _____
 Complete Address: _____

Did you apply for LIHEAP (heating assistance) in the last 12 months? Yes No

I authorize Sieda Community Action, as an advocate for our family, to release limited information to include my child/children's first name, age, sex and gift requests to local merchants, businesses, churches and/or social service agencies for special holiday projects which may be available during the 2020 holiday season. **This release is valid from October 1, to December 31, 2020.**

I understand that by signing this release, **it does not guarantee my family will be selected for participation**. I agree to pick up donations at the specified date, time and location and if I fail to respond, the gift(s) may be distributed to another child/children without any additional notice. I understand Sieda Community Action may cross reference my application with other programs to avoid duplication of services.

Signature _____ Date _____

PLEASE LIST ONLY CHILDREN 18 AND UNDER WHO ARE LIVING IN THE HOME

(Please indicate if clothing & shoe sizes are child or adult sizes)

(If your child does not have a toy wish, please tell us something they are interested in.)

Office Use Only
HH # _____

<u>CHILD'S FIRST NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>CLOTHING SIZES</u>			<u>TOY WISH</u>
_____	_____	_____	Shirt _____	Pants _____	Shoe _____	_____
_____	_____	_____	Shirt _____	Pants _____	Shoe _____	_____
_____	_____	_____	Shirt _____	Pants _____	Shoe _____	_____
_____	_____	_____	Shirt _____	Pants _____	Shoe _____	_____
_____	_____	_____	Shirt _____	Pants _____	Shoe _____	_____
_____	_____	_____	Shirt _____	Pants _____	Shoe _____	_____

Please use back of form if needed