



Helping people
Changing lives

Office Use Only
HH #

Holiday Request
Wapello 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.)

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Table with 5 columns: CHILD'S FIRST NAME, SEX, AGE, CLOTHING SIZES, TOY WISH. Includes rows for shirt, pants, and shoe sizes.

Please use back of form if needed