

Office Use Only  
 HH # \_\_\_\_\_

**Holiday Request  
 Wapello County 2021**

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 2021 holiday season. **This release is valid from October 1, to December 31, 2021.**

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 \_\_\_\_\_

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**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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<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 the back of the form if needed.