

**Holiday Assistance Application**

(860) 429-3315  
Human.Services@mansfieldct.org

Dear Mansfield Resident/Family,

As the weather starts to get cooler, the Mansfield Human Services department is reminded how quickly the holiday season will be upon us! We understand how stressful the holidays can be for families in need and we are here to make things a little easier.

This year, we are seeking applications for families in need sooner than in the past. The holiday gift program from the past has been revitalized, and you now have the option to either get gift cards so that you can shop on your own for loved ones, or be “adopted” and matched with a sponsor to provide gifts and other supports for the holidays.

Resident households must be under 60% of the state AMI to qualify. Applicants must provide documentation showing all sources of income for all persons domiciled in the household.

| Family size | 100% State Median | 30% State Median | 50% State Median | 60% State Median | 75% State Median |
|-------------|-------------------|------------------|------------------|------------------|------------------|
| 1           | 75,643            | 22,752           | 37,921           | 45,505           | 56,882           |
| 2           | 99,180            | 29,753           | 49,589           | 59,507           | 74,384           |
| 3           | 122,516           | 36,754           | 61,257           | 73,509           | 91,886           |
| 4           | 145,853           | 43,755           | 72,926           | 87,511           | 109,389          |
| 5           | 169,189           | 50,755           | 84,594           | 101,512          | 126,891          |
| 6           | 192,525           | 57,756           | 96,262           | 115,514          | 144,393          |
| 7           | 196,901           | 59,069           | 98,450           | 118,139          | 147,675          |
| 8           | 201,277           | 60,381           | 100,637          | 120,765          | 150,956          |

Please completely fill out and send in the attached application by **Wednesday November 13<sup>th</sup>, 2024**. Unfortunately, we will not be able to process or guarantee applications received after this date.

Please send completed application to:

Mansfield Human Services  
303 Maple Road  
Mansfield, CT 06268

You can also email completed applications to [Human.Services@mansfieldct.org](mailto:Human.Services@mansfieldct.org) or drop in the drop box at the above address.

Please feel free to reach out with any questions.

Sincerely,

Jessica St. Louis  
Director of Human Services

The Holiday Program is for children 18 years of age and younger. Families have the option to receive assistance in two ways.

1. Families can be adopted and will be matched with a sponsor to provide gifts and other supports.  
---- OR----
2. Families can receive gift cards to local stores.  
**\*Gift card amounts will vary depending on number of participants and donations.**

**Household Information**

Name of applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip Code

\*Email: \_\_\_\_\_ (\*preferred method of contact will be via email, so please provide an email address that you check regularly)

Preferred Phone: \_\_\_\_\_

**Other Adults (18+):**

| Name(first and last) | Relationship | Date of Birth |
|----------------------|--------------|---------------|
|                      |              |               |
|                      |              |               |
|                      |              |               |
|                      |              |               |

**Children:**

| Name(first and last) | Relationship | Date of Birth |
|----------------------|--------------|---------------|
|                      |              |               |
|                      |              |               |
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|                      |              |               |
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|                      |              |               |

**Holiday Program Assistance Preference:** (You may only pick 1 option)

I would like my family to be “adopted” and matched with a sponsor to provide gifts and other supports.

**OR**

I would like to receive gift cards to shop for gifts on my own.

**Holiday Meal Baskets:**

I am also interested in receiving meal baskets for Thanksgiving and Christmas.

Thanksgiving Meal Basket (Only sides, NO Turkey)

Christmas Meal Basket

**PLEASE CHECK ONE OF THE FOLLOWING**

I/my household is currently on the Town of Mansfield Fee Reduction program and qualify for the Holiday Assistance Program with no further documentation needed

**OR**

I/my household meets the residency and income guidelines eligibility outlined in the attached letter. I have attached the last 4 weeks of income verification (SSI statement, pay stubs, etc) for all income earners in the household.

Household’s current annual gross income from all sources is: \_\_\_\_\_

\*Please submit applications to [Human.Services@mansfieldct.org](mailto:Human.Services@mansfieldct.org) by November 13th, or drop off/mail to Mansfield Human Services at the address located at the bottom of this application. Applications received after 11/13/2024 may not be able to be processed.

Signature of Application: \_\_\_\_\_ Date: \_\_\_\_\_



## Wish List



If you have chosen to be “adopted”, please fill out a wish list for each child.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Male

Female

Clothing Size: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite Character: \_\_\_\_\_

Please tell us about your interest, things you are really hoping for, things that you love, and things that you need.

Things I want:

Things I need:

Things I will read:

Things I will wear: