



Town of Allenstown
Trish Caruso
16 School Street
Allenstown, NH 03275
603-485-4276 ext. 110
pcaruso@allenstownnh.gov

The Town of Allenstown will once again provide children's gifts and holiday meals to those in need this holiday season. If you would like to apply for either of these programs, please complete the enclosed application(s) and return it to Trish Caruso at pcaruso@allenstownnh.gov or in a sealed envelope to the address above. If you have questions or need further information feel free to call Trish at **485-4276, ext. 110**.

All requests are kept confidential.

2020 Holiday Family Assistance Programs

Children's Holiday Wish Program – Holiday gifts are provided to children ages 17 and under through community donations. **Sign-ups open now through November 25, 2020.**

Holiday Food Basket – Holiday Food Baskets are provided through the Capital Region Food Program to families in need on December 22nd. **Sign-ups open now through November 25, 2020.**



These programs are made possible through community donations and, therefore, cannot be guaranteed. Past participation in either of these programs does not ensure enrollment for the current year. Enrollment in one or more of the following are required: Food Stamps, Fuel Assistance, SSI/SSDI, FANF/TANF, Mortgage/Rental Assistance (Section 8), Free/Reduced Lunch, WIC or Medicaid.

Donations: To decrease the possible spread of COVID we are substituting our physical Angel Tree with an online Charity Registry this year. For a list of desired gifts access the registry at: tgt.gifts/TownOfAllenstownAngelTree . The registry will be updated through November 25th, 2020, please check back often for updates.

Monetary donations are appreciated as well - to pay for gifts that do not get purchased. Make checks payable to Town of Allenstown.

This is a neighbors-helping-neighbors program and your support is much appreciated!

Please note: we are not using the traditional angel tree this year. Gifts will be listed anonymously in an online registry. Please be specific when listing your child's wishes so the items can be easily listed.

OFFICE USE
CODE:

Allenstown 2020 Holiday Assistance Application

In order to qualify for this program you must be receiving another form of assistance. You may participate in either the Allenstown holiday program OR the CAP holiday program.

*Complete one of these forms for each child for whom you are requesting gifts.

Parent(s) Full Name(s) _____

Child's Full Name _____ Age _____ Gender _____

The Four Gifts of the Holidays!

(Please list at least one from each category)



- 1. One gift they WANT
- 2. One gift they NEED
- 3. One gift they WEAR
- 4. One gift they READ, WATCH or LISTEN to

1. _____ 2. _____

3. _____ 4. _____

*Maximum request per child not to exceed \$100

*Please specify size of all clothing requested

*One \$25 gift card may be requested

*Diapers or pull-ups may be requested, please specify size

*Please be specific when listing gift wishes.

OFFICE USE
Gifts provided:

Parent Initials: _____



Gifts Received at Town Hall: _____
 Gifts Received by : _____

OFFICE USE
 CODE: _____

Allenstown 2020 Holiday Assistance Application

PARENT NAME(S) (please print)

ADDRESS (include mailing address if different)

PHONE _____ E-MAIL ADDRESS _____

List names and ages of all **adults** in family/home:

Is your family participating in the Food Basket program? _____Yes _____No

Driver's License # _____ Medicaid # _____ (if applicable)

Check if you or anyone in your household receives:

___ SSI/SSD ___ Mortgage/Rental Assistance ___ Free/Reduced School Lunch
 ___ Food Stamps ___ Fuel Assistance ___ Cash Benefits ___ Other _____

I _____ of the Town of Allenstown, being an applicant for holiday assistance, do hereby authorize and request any relative, physician, attorney, banker, employer, insurance company, fraternal order or any other person or organization having information concerning my circumstances to furnish such information to the Allenstown Welfare Department.

Further, I _____ understand that any misrepresentation given on this application would cancel all assistance.

Applicant's Signature

Co-Applicant's Signature

PLEASE NOTE: Applicants will be called to confirm application details. A virtual or in-person appointment may be required to verify your residency and need for assistance. Failure to meet these requirements may void your application.

Return this application to Trish Caruso at pcaruso@allenstownnh.gov
or via mail/drop off to Town of Allenstown
16 School Street
Allenstown, NH 03275

Holiday Food Basket Application

Holiday Food Baskets are provided to families in need on
December 22nd.

Sign-ups open now through November 25, 2020.

AGENCY:	Town of Allenstown		
Recipient First Name:			
Recipient Last Name:			
Phone:			
Recipient Street:			
Building:		Apt/Unit #	
City:			
Number of Adults:		Number of Children (Ages 1-18):	
Number of Infants (0 to less than 12 months)			
Special Instructions (dietary needs/restrictions):			

Return this form to Trish Caruso via email to :
pcaruso@allentownnh.gov

-OR-

via mail or drop off in a sealed envelope to:

Trish Caruso
Town of Allenstown
16 School Street
Allenstown, NH 03275

PLEASE NOTE: Applicants will be called to confirm application details. A virtual or in-person appointment may be required to verify your residency and need for assistance. Failure to meet these requirements may void your application.

Please call or email Trish Caruso for further information: 603.485.4276, ext. 110