



**TOWN OF MANSFIELD**  
DEPARTMENT OF HUMAN SERVICES

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AUDREY P. BECK BUILDING  
FOUR SOUTH EAGLEVILLE ROAD  
MANSFIELD, CT 06268-2599  
Tel: (860) 429-3315  
Fax: (860) 429-3905  
E-Mail: SocServ@mansfieldct.org

August 20, 2019

Dear Applicant:

Each year in the town of Mansfield individuals and community groups provide donations to share with families who might not have the opportunity to have a festive holiday season. To assist in this effort, the Human Service Department is asked to compile a list of families who could use some special holiday help.

If you would like to be considered for assistance during the holidays ***please complete the enclosed application and return it promptly to the Human Services Dept., 303 Maple Road, Mansfield, CT 06268 or in person by September 23, 2019.*** Read the form completely and sign where indicated. You can indicate whether or not you would be comfortable having your name released and we will certainly honor your wishes if you would like to maintain your privacy.

**Please remember you MUST include income verification for your entire household in your application, a wish list for each individual with gender, age, colors and sizes as needed.**

As this program is dependent solely upon contributions, we cannot guarantee we will be able to assist you. Since this fund is limited, we ask if you are already on a list with another town or agency that you not apply with us this year. This is done to provide fairness to all. Please feel free to contact the Human Services Office at 860-429-3315 if you have any questions or concerns.

We are also aware the holidays can be a stressful time of year for families, please feel free to contact us if there is additional assistance you may need over the course of the year. Thank you for your understanding, cooperation, and our best wishes go out to you as we approach the holiday season.

Sincerely,

Pat Schneider  
Human Services Director  
Enclosures: Holiday Application



HOLIDAY ASSISTANCE APPLICATION

AUDREY P. BECK BUILDING
303 MAPLE ROAD
MANSFIELD, CT 06268-2599

Tel: (860) 429-3315
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Email: HumanServ@mansfieldct.org

HEAD OF HOUSEHOLD \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_ F\_\_

OTHER ADULTS (NAMES) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_ F\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_ F\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_ F\_\_

CHILDREN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_ F\_\_

ADDRESS: \_\_\_\_\_
STREET CITY ZIP CODE EMAIL ADDRESS

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_
(If no phone, Name and telephone # of someone who will take a message)

PLEASE CIRCLE YOUR CHOICES FOR SUPPORT BELOW FOR THE HOLIDAY:

THANKSGIVING TURKEY
FoodShare \_\_\_\_\_ Church \_\_\_\_\_

DECEMBER HOLIDAY DINNER BASKET ONLY

\*DECEMBER HOLIDAY DINNER & \*GIFTS

\*DECEMBER HOLIDAY GIFTS ONLY

\*Gifts are for children 18 years of age and younger

(Use a separate sheet of paper if necessary.)

DIETARY RESTRICTIONS OR FOOD ALLERGIES: \_\_\_\_\_

CAN WE PROVIDE YOUR NAME AND ADDRESS TO THE DONOR? YES \_\_\_ NO \_\_\_

SOURCE(S) OF HOUSEHOLD

INCOME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ (mo - wkly)

\_\_\_\_\_ AMOUNT: \_\_\_\_\_ (mo - wkly)

TOTAL: \_\_\_\_\_

YOU MUST PROVIDE VERIFICATION FOR ALL SOURCES OF INCOME

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please be aware the Mansfield Department of Human Services staff may be contacting other area social service agencies to acknowledge your participation in this and other holiday programs. Please let us know if you are not willing to have this information disclosed.



# Wish List

\_\_\_\_\_ (Name)

I am a \_\_\_\_\_-year-old \_\_\_\_\_ and celebrate Christmas.

My interests include:

I would love gifts like:

I like to read books about:

I wear:

Some new things I could use are:

A gift my whole family would enjoy is:



Thank you!

*My family would prefer our presents wrapped/unwrapped*