

# 2023



**WEST CAP**

## *Holiday Gift Program*

- ◆ **Applications must be completed entirely**  
—unfinished applications will be returned to the applicant for completion
- ◆ **Eligibility is based on 125% Federal Poverty guidelines for 2023** (chart on reverse side)
- ◆ **Gifts will be distributed ONLY December 19th & 20th**  
—we will call you when your items can be picked up.  
**ID will be required.** If someone will be picking up for you, you must call and let us know who will be coming.  
Items will not be released without prior arrangements

*Applications Due*  
***November 30<sup>th</sup>***

Applications can be

- Mailed to West CAP, PO Box 308, Glenwood City, WI 54013
- Dropped off at our main office—525 2nd Street, Glenwood City
- Emailed to [westcap@wcap.org](mailto:westcap@wcap.org)
- Faxed to 715-265-7031

In order to be eligible for the 2023 Holiday Gift Program, your total household income must be at or below the following 125% of the Federal Poverty Guidelines

Household/Family Size	Annual Household Income
1	\$18,225
2	\$24,650
3	\$31,075
4	\$37,500
5	\$43,925
6	\$50,350
7	\$56,775
8	\$63,200
9	\$69,625
10	\$76,050

This program serves low income children ages birth to 18 years of age in the Boyceville, Glenwood City, and Spring Valley School District. The success of this program is due to the generosity of surrounding area business and residents. Every attempt is made to fulfill a portion of a child's needs and/or wishes, but it must be remembered that the program is dependent upon donations from outside sources. Funding is often limited and demand can exceed donations. The program **"supplements"** your Christmas gifts, and cannot be responsible for providing everything wanted or requested. Please have realistic expectations, NO X-box, I-pad, Wii, etc.



**WEST CAP**

# 2023 Holiday Gift Program

Please complete the following information in order for us to advance your application.  
All information is confidential.

Print Name(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Permission to text this number? Yes \_\_\_\_\_ No \_\_\_\_\_

Alt Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**INCOME SOURCE(S)** List of "Type of Income": Employment Wages, Child Support, Alimony, Pension/Retirement, Self-Employment, Social Security/SSI/SSD, TANF, Tips/Commission, Unemployment, US Military Pay, VA Payment, Work Comp, Other.

Household Member	Employment Status	Type of Income (see list above)	Gross Monthly Wage

Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director?  
(family includes self, spouse, Fiancee/Fiance, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, parent(s)-in-law, and/or anyone who received more than 50% of their annual support for the person (e.g. adopted child, foster child))

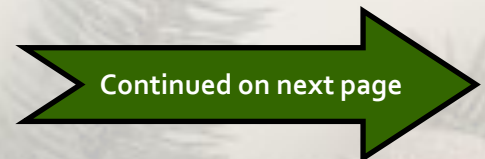
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

EEOC Statement:

West CAP is an equal opportunity organization and no otherwise qualified applicant for service or service participant shall be excluded for participation, be denied benefits, or otherwise be subject to discrimination in any manner or on the basis of race, color, national origin or ancestry, sex, religion, age, political belief or affiliation, disability or association with a person with a disability. This policy covers eligibility for the access to service delivery, and treatment in all of the programs and activities

Please check any of the non-cash benefit(s) you receive:

- SNAP
- WIC
- LIHEAP
- Childcare Voucher
- Public Housing
- Housing Choice Voucher
- HUD-VASH
- Permanent Supportive Housing
- Affordable Care Act Subsidy
- Other: \_\_\_\_\_





First Name	MI	Last Name	Last 4-digits of SS#	Relationship	Sex	Date of Birth	Veteran Y/N	Race Code (see below)	Hispanic Y/N	Highest Level Education	Disability Code (see below)	Medical Ins Code (see below)	School District BV/SV/GC	Grace Level	Age
Guardian 1															
Guardian 2															
child															
child															
child															
child															
child															

**Race Code:** AI – American Indian/Alaska Native, NH – Native Hawaiian/Pacific Islander, A – Asian, B – Black/African American, W – White, MR – Multi-Racial, O – Other  
**Disability Code:** H – Hearing, D – Deaf, S – Speech, V – Visual, E – Emotional, O – Orthopedic Impairment, OT – Other  
**Medical Code:** P – Private Insurance, B – BadgerCare, ME – Medicare, MD – Medicaid, N – None, O – Other

With my signature, I authorize West CAP to release information stated on this form and/or in my case/project files to designated staff and/or other agencies to which my case/project pertains. I have voluntarily provided the information above and it is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. I understand that completion of this application does not guarantee that I will receive assistance. I also understand that the information will be held in confidence and used specifically to determine eligibility and program planning. **I/WE WILL NOT request gifts from any other sources. By doing so will result in denial of services from this program now and in the future.**

Applicant Signature

Date

Please do not leave anything blank.  
 Incomplete applications will be returned to the applicant before your application will be considered.

Application deadline—November 30th

Child's  
First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Circle: Male / Female  
Youth or Adult

Shirt Size: \_\_\_\_\_  
Youth or Adult

Pant Size: \_\_\_\_\_  
Youth or Adult

Shoe Size: \_\_\_\_\_  
Youth or Adult

Especially needs: \_\_\_\_\_

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Wants: \_\_\_\_\_

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Child's  
First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Circle: Male / Female  
Youth or Adult

Shirt Size: \_\_\_\_\_  
Youth or Adult

Pant Size: \_\_\_\_\_  
Youth or Adult

Shoe Size: \_\_\_\_\_  
Youth or Adult

Especially needs: \_\_\_\_\_

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Wants: \_\_\_\_\_

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Child's  
First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Circle: Male / Female  
Youth or Adult

Shirt Size: \_\_\_\_\_  
Youth or Adult

Pant Size: \_\_\_\_\_  
Youth or Adult

Shoe Size: \_\_\_\_\_  
Youth or Adult

Especially needs: \_\_\_\_\_

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Wants: \_\_\_\_\_

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Child's  
First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Circle: Male / Female  
Youth or Adult

Shirt Size: \_\_\_\_\_  
Youth or Adult

Pant Size: \_\_\_\_\_  
Youth or Adult

Shoe Size: \_\_\_\_\_  
Youth or Adult

Especially needs: \_\_\_\_\_

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Wants: \_\_\_\_\_

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Child's  
First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Circle: Male / Female  
Youth or Adult

Shirt Size: \_\_\_\_\_  
Youth or Adult

Pant Size: \_\_\_\_\_  
Youth or Adult

Shoe Size: \_\_\_\_\_  
Youth or Adult

Especially needs: \_\_\_\_\_

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Wants: \_\_\_\_\_

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Child's  
First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Circle: Male / Female  
Youth or Adult

Shirt Size: \_\_\_\_\_  
Youth or Adult

Pant Size: \_\_\_\_\_  
Youth or Adult

Shoe Size: \_\_\_\_\_  
Youth or Adult

Especially needs: \_\_\_\_\_

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Wants: \_\_\_\_\_

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