

2024

Good Samaritan NETWORK

2024 Holiday Assistance Letter



Dear Applicant...

Keep this information page as a reminder about our holiday assistance dates for **Hamilton County (Indiana) residents**. **Thanksgiving Assistance** is on **November 23**, and **Christmas Assistance** is on **December 14**. To be eligible, complete the Holiday Assistance Application. Make sure to use your full legal name (no nickname). Residents must live in the same household as the application. No exceptions!

Please **DO NOT** use this application **IF** you are signing up **ONLINE!** • www.gsnlive.org

*The following items **MUST** be completed - and are **REQUIRED**:*

- Full Legal Name
- Complete Address
- Valid Email
- 2 Telephone Contact Numbers (*Cell Phones Preferred*)

► **Drop off your application at our Client Assistance office (NORTH building) or mail to:**

Good Samaritan Network, 13053 Parkside Drive, Fishers, IN 46038



▶ Scan me!

If you complete a Holiday Assistance Application - and are **not contacted by a Holiday Sponsor** within one day before the event - please go directly to the Hamilton County 4-H Fairgrounds on the **date of the Holiday event** applied for.

- **Thanksgiving Holiday Assistance: November 23, 9am-1pm**
- **Christmas Holiday Assistance: December 14, 9am-2pm**
- **Event LOCATION:** Hamilton County 4-H Fairgrounds, 2003 Pleasant St, Noblesville, IN

- ▶ Please bring a photo **ID, proof of employment, school attendance, or Hamilton County residency** (Indiana) on the event day. Please be prepared for potential lines and wait times. We advise against bringing strollers and recommend that children do not attend.
- ▶ For **Thanksgiving and/or Christmas Assistance, you will receive a phone call, text message, or email based on your provided contact phone number 2 or 3 days before** the assistance event date. Make sure the listed phone number is current (cell phone preferred). Also, make sure that there is space in your voicemail for messages, and do not block GSN's phone number. **Be aware that sponsors (GSN or private) may contact you** (usually by phone) between October thru December.
- ▶ Reminder: **Contact GSN only via email or phone** for address/city, email, or phone number changes or in an emergency. GSN mainly communicates through phone and email. *It's your responsibility to update your contact information anytime, even after the event date(s)!*
- ▶ Just a reminder that by signing and submitting the **Holiday Assistance Application**, you are giving your consent for us to share your information with network agencies and Holiday sponsors to assist you. You also agree to be contacted by phone, email, or mail. Phone: **317.842.2603, x200** or Email information changes: info@gsnlive.org



(South Building) 12933 Parkside Drive | Fishers, IN 46038 | p: 317.842.2603 | fx: 317.842.4766 | www.gsnlive.org

(North Building) Client Assistance Office | 13053 Parkside Drive | Fishers, IN 46038

Good Samaritan Network is a 501(c)(3) Nonprofit Organization

NOTICE

PLEASE READ

These are suggested deadlines, but **EARLIER** is always better!

Thanksgiving ONLY Assistance – Suggested Deadline **first Sunday in November**

Christmas ONLY Assistance – Suggested Deadline **last Sunday in November**

ALL **Hard Copy** Holiday Applications – Suggested Deadline **November 18**

Holiday Applications **ONLINE** Sign-Up Closes – **December 1**

We **DO NOT** guarantee that gift suggestions or any expensive or unreasonable requests will be considered.



You will attend **ONSITE** for Thanksgiving and Christmas Assistance *if you are NOT privately sponsored*. Those attending **ONSITE** will receive a **phone call, text message, or email 2 or 3 days before** the event date based on your provided contact information.

- You can expect a line, and you should expect to wait.
- Children should not attend, and you should not bring strollers or carts.
- Please consider your health and the health of others. If you have respiratory issues, disabilities, or impairments that affect your mobility, or if you feel sick or are a high-risk individual, do not attempt to attend. You should contact the office for guidance concerning Holiday Assistance.
- Failure to adhere to guidelines and directions will result in immediate removal from the onsite event and the Holiday Assistance program.
- By participating, you accept all related risks voluntarily and agree not to hold Good Samaritan Network or the venue responsible if you get sick or for any reason.

The **Good Samaritan Network** Holiday Assistance program may be updated to ensure everyone's participation and safety. Program and application guidelines could change at any time.

Holiday Assistance Application 2024

Good Samaritan Network of Hamilton County, Inc. | 13053 Parkside Dr. | Fishers, IN 46038

Please fill out this application and **include all information requested or required (*)**. Inclusion in the GSN Holiday Assistance program is entirely at the discretion of the GSN staff based upon a completed application.

▶ Assistance Requested For: Y N **Thanksgiving** and/or Y N **Christmas**

Please PRINT CLEARLY – USE DARK PEN ONLY – NO PENCIL!

*Full **LEGAL Name** (NO NICKNAMES): _____

*Mailing Address: _____

*City: _____ Zip: _____

*Email: _____

Age: _____

*Contact CELL Phone: () _____ - or

Contact LANDLINE Phone: () _____

*Altn. Phone #2 () _____

- I am a **single parent**. (*I am raising children 18 and under in the same household.*)
- I, or **someone** in my household is currently serving in the **Military** - or is a **Veteran**.
- I, **personally** have significant **disabilities** or **impairments** that affect my mobility, as the applicant.
- I have a **loss of income** directly due to **COVID-19** circumstances related to job loss and/or medical issues.

Signature and Approval

READ: Your **signature** and **submission** of a Holiday Assistance Application provides your consent and approval that this information is valid and allows GSN to use/release information to network agencies and Holiday sponsors to offer services to you, including referrals. Further, you agree that you can be contacted by phone, email, or mail.

➔ **Applicant Signature** (*full legal name required*) _____

Office Use Only ● Office Use Only ● Office Use Only ● Office Use Only

Thanksgiving sponsor _____

Christmas sponsor _____ | _____

Christmas sponsor _____ | _____

Office Use: Deliv.Needed: Y N # of Thanksgiving Meals Delv. _____ # of Christmas Meals Delv. _____

OUT OF COUNTY **ACCEPTED** **DENIED** **LETTER SENT**

Ref _____ Date _____

OFFICE USE ONLY

Holiday Assistance Application **2024**

Good Samaritan Network of Hamilton County, Inc. | 13053 Parkside Dr. | Fishers, IN 46038



PRINT APPLICANT (SELF) Name (required): _____

▶ PRINT - Family Information – list all immediate family members LIVING AT YOUR ADDRESS

- (1) **List yourself FIRST** - and then (2) list other adult(s) - and then (3) list youth/children within the household.
 (4) Estimate sizes by Christmas. (5) Relationship means "how" YOU are related.

We DO NOT guarantee that gift suggestions or any expensive or unreasonable requests will be considered.

▶ Children Considered: 18 years old and younger / ▶ Adults Considered: 19 years old and older

Family Member Full Legal Names	Age	Pants	Shirt	Shoes	Coat	Underwear
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ADULT SELF/HERE:

1. _____						
<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____ School: _____ Toy/Gift Suggestion: _____						
2. _____						
<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____ School: _____ Toy/Gift Suggestion: _____						
3. _____						
<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____ School: _____ Toy/Gift Suggestion: _____						
4. _____						
<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____ School: _____ Toy/Gift Suggestion: _____						
5. _____						
<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____ School: _____ Toy/Gift Suggestion: _____						
6. _____						
<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____ School: _____ Toy/Gift Suggestion: _____						
7. _____						
<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____ School: _____ Toy/Gift Suggestion: _____						
8. _____						
<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____ School: _____ Toy/Gift Suggestion: _____						

(Please include a separate page if more space is needed.)