



2023 Holiday Assistance Letter

Dear Applicant...

Keep this top information page/letter to remind you of the **HOLIDAY ASSISTANCE** dates and times for Hamilton County (INDIANA) residents. Complete and **return ONLY** the **Holiday Assistance Application** section.

Our annual Holiday Assistance dates are: **Thanksgiving Assistance, November 18; and Christmas Assistance, December 9**. To be considered for either of these Holiday events, a **yearly application is required**. Please use your full legal name (no nickname) when applying. **The applicant and listed names must ALL live at the same address**. 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 absolutely REQUIRED:

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

◀ RETURN APPLICATION AS EARLY AS POSSIBLE ▶

Return application by mail - or drop it off at our office (including a night slot) at this address:

Good Samaritan Network, 12933 Parkside Drive, Fishers, IN 46038



● **Thanksgiving Holiday Assistance: November 18, 9am-1pm**

● **Christmas Holiday Assistance: December 9, 9am-2pm**

● **Event LOCATION: Hamilton County 4-H Fairgrounds, 2003 Pleasant St, Noblesville, IN**

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

- ▶ *On the actual date of a Holiday event, upon arrival, you will be required to have: a **photo ID**, and proof you **work**, attend a **school**, or have **Hamilton County residency (Indiana)**. Expect a line and expect to wait. We do NOT recommend children attend, or the use of strollers.*
- ▶ *For **Thanksgiving Assistance** and/or **Christmas Assistance**, you will receive a phone call, text message, or email *a few days before the assistance event date*, based on your provided contact phone. Make sure you have provided a current phone number (cell phone preferred). Also, be sure there's room on your voice mail device for messages. Do not block GSN's phone number. You will not receive a colored letter for entrance as in years past.*
- ▶ ***Be aware sponsors (GSN or private)** may contact you (usually by phone) from October thru December.*
- ▶ ***Please - ONLY contact GSN by email or phone – IF – you have an address/city, email, or phone contact number change(s)-or in an emergency. **GSN primarily communicates by phone and/or email.** It is your responsibility to **communicate any changes to your contact information at any time** – even after the event date(s)!***
- ▶ *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 provide services for you; including referral services, and you agree that you can be contacted by phone, email or mail.*

Phone: 317.842.2603, x200 or Email information changes: info@gsnlive.org

NOTICE

Suggested Application Deadlines

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 27**

Holiday Applications ONLINE Sign-Up – Deadline **December 3**

*Please be advised the **Good Samaritan Network Holiday Assistance** program may undergo further development to ensure the best possible safety and security for everyone.*

You should expect possible changes, and adjusted participation guidelines at any time.

The CDC recommends people wear masks in public settings and when around people who don't live in their household, especially when other social distancing measures are difficult to maintain. They recommend organizers require staff to wear masks and encourage attendees ahead of events to bring and wear masks at the event.

As a participant you voluntarily assume all risks related to exposure to COVID-19 and agree not to hold Good Samaritan Network or the venue liable should you get sick.

HOLIDAY ASSISTANCE APPLICATION 2023

GOOD SAMARITAN NETWORK OF HAMILTON COUNTY, INC. | 12933 PARKSIDE DR. | FISHERS, IN 46038

In order to receive assistance for **Thanksgiving** and/or **Christmas**, please fill out this application and **include all information requested or required (*)**. All individuals **requesting** assistance will be cleared via our database.

Inclusion in the **GSN Holiday Assistance** program is **entirely at the discretion of the GSN staff** based upon a fully **completed application**. No one can receive assistance **without completing an 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: _____

*What **TOWNSHIP** do you live in? _____

*Email: _____

Age: _____

*Contact Phone #1: () _____ *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.

Ages By Household Groups

▶ **Children:** 18 years old and younger / **Adults:** 19 years old and older. ◀

Please list the **TOTAL NUMBER** of household members in **EACH AGE GROUP** at this address/household:

0 – to – 12 13 – to – 18 19 – to – 64 65 – and older

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 provide services for you; including referral services, and 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

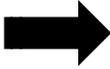
Ref _____ Date _____

OFFICE USE ONLY

RETURN APPLICATION ONLY – **OVER** Posted Date/Initials:

HOLIDAY ASSISTANCE APPLICATION 2023

GOOD SAMARITAN NETWORK OF HAMILTON COUNTY, INC. | 12933 PARKSIDE DR. | FISHERS, IN 46038



PRINT APPLICANT Name (required): _____

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

Please understand NO overly expensive or unreasonable requests can be considered. Thank you!

▶ PRINT - Family Information – list all immediate family members LIVING AT THIS 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.

Family Member Full Legal Names	Age	Pants	Shirt	Shoes	Coat	Underwear
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1. SELF: _____ | _____ | _____ | _____ | _____ | _____ | _____

F M Relationship: _____ School: _____

Toy/Gift Suggestion: _____

2. _____ | _____ | _____ | _____ | _____ | _____ | _____

F M Relationship: _____ School: _____

Toy/Gift Suggestion: _____

3. _____ | _____ | _____ | _____ | _____ | _____ | _____

F M Relationship: _____ School: _____

Toy/Gift Suggestion: _____

4. _____ | _____ | _____ | _____ | _____ | _____ | _____

F M Relationship: _____ School: _____

Toy/Gift Suggestion: _____

5. _____ | _____ | _____ | _____ | _____ | _____ | _____

F M Relationship: _____ School: _____

Toy/Gift Suggestion: _____

6. _____ | _____ | _____ | _____ | _____ | _____ | _____

F M Relationship: _____ School: _____

Toy/Gift Suggestion: _____

7. _____ | _____ | _____ | _____ | _____ | _____ | _____

F M Relationship: _____ School: _____

Toy/Gift Suggestion: _____

8. _____ | _____ | _____ | _____ | _____ | _____ | _____

F M Relationship: _____ School: _____

Toy/Gift Suggestion: _____

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