Good Samaritan NETWORK

# Holiday Assistance 2025

**ONLINE SIGN-UP: www.gsnlive.org**

Dear Applicant,

Please keep this **information page** as a reminder of the holiday assistance events for Hamilton County, Indiana, residents.

**Good Samaritan Network** created the Holiday Assistance program to help **families with children and seniors, offering food, as well as clothing and household items for adults, and Christmas gifts for children only.**

**Drop off OR mail your Holiday application (pg.3 and pg.4) to our Client Assistance Office NORTH building: 13053 Parkside Drive | Fishers, IN 46038; OR email: info@gsnlive.org.**

**To qualify, you must confirm you reside in Hamilton County OR have children enrolled in Hamilton County schools.**

| | |
|---|---|
| **THANKSGIVING Assistance November 22, 9am-1pm** | **Deadline: November 9** |
| **CHRISTMAS Assistance December 13, 9am-2pm** | **Deadline: November 30** |

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

**How to Apply**

- One **primary contact** will apply using your full legal name (no nicknames).
- You can apply for both Thanksgiving and Christmas with a single application - if you need both.
- Only one application per family/household — no exceptions.
- Everyone listed must be part of the same family living at the same address.

**After You Apply**

- As soon as your Holiday Application is submitted, you will receive an *acceptance email* from: **noreply@formstack.com**. Email subject line is: **Holiday Assistance Application Received _ Good Samaritan Network**

**Stay Connected**

- Always provide your up-to-date cell phone number and email to GSN.
- Ensure your voicemail is not full and GSN's number is not blocked.
- If you do not hear from a sponsor by the day before the event, go to the Hamilton County 4-H Fairgrounds on event day.

**Food Assistance**

- Every family with a completed application will receive food.
- We cannot accommodate special requests for specific or culturally sensitive foods.
- Thanksgiving applicants will be delivered their food. Stay home until delivery is completed.
- Christmas food will be delivered for adults who do not need clothing or household items. **OR** Adults needing food, clothing, and household items for Christmas must attend the event.

*Continued*

**Only apply ONCE! DO NOT use this application when you are signing up ONLINE! ● www.gsnlive.org**

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## Important Reminders

**Christmas Assistance**

- If you are sponsored by the event organizer, **Good Samaritan Network (GSN)**, you may be invited to attend the Hamilton County 4-H Fairgrounds event.
- For Christmas Assistance, you will receive a call, text, or email a few days before the event. This message serves as your entry ticket if attending, and will confirm if:
  - You are scheduled to attend the Hamilton County 4-H Fairgrounds, **OR**
  - Your assigned sponsor will contact you directly to arrange Christmas Assistance delivery, and you will not need to attend the event.

**Bring To The Event:**

- Bring **proof of residency** (Sugg: utility statement with current Hamilton County address).
- Bring your **ID**.
- Bring your "**text**" message as your entry ticket to the event, **OR** bring a printout of the "application received" **email** if you do not have a cell phone.

**Important Information**

- Only **2 ADULTS** per family are allowed at the event.
- Due to **space limitations**, children will not be allowed, or any type of wagons, baskets, rolling carts, wheeled carriages, or similar items.
- Expect to wait in line. Please be patient.
- If you have health or mobility issues, please do not attend - send someone on your behalf with a copy of the applicant's residency and ID requirements

**Application & Conduct**

- Incomplete or duplicate applications will not be accepted.
- Failure to follow the rules may result in removal from the event and/or the assistance program.

***WATCH FOR AN EMAIL:* All "PAPER APPLICATIONS" received will be posted for our Holiday Assistance program. Based on your provided email, you will get an "application received" EMAIL notification. Keep it for your reference.**

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***NOTICE: ** To update your contact information, please contact GSN by email or phone. It's your responsibility to keep this information current. By signing the Holiday Assistance Application, you consent to share your information and receive contact from us.*

***For questions, call 317.842.2603, ext. 200, or email info@gsnlive.org.***

*The Holiday Assistance program guidelines may change at any time.*

GOOD SAMARITAN NETWORK

# HOLIDAY APPLICATION

Good Samaritan NETWORK

# 2025 ENGLISH

**For Manual Completion: Please PRINT CLEARLY – USE DARK PEN ONLY – NO PENCIL!**

**Assistance Application For:** ☐ Y ☐ N **Thanksgiving** and/or ☐ Y ☐ N **Christmas**

## Primary Contact:

First Name

Last Name

Address

City

Zip Code

E-Mail

Female ☐ Male ☐ Age

CELL Phone

LANDLINE Phone

**ALTERNATE Contact :**

Full Name

Phone

## Questions (required)

1. **What is the total number of CHILDREN/YOUTH (18 and under) in your immediate family :**
2. **What is the total number of ADULTS (19 and older) in your immediate family :**
3. **I am a single parent with children who are 18 years old or younger living in my home.** ☐ Yes ☐ No
4. **Someone in my household, either I or an immediate family member, is currently serving in the military or is a veteran.** ☐ Yes ☐ No
5. **I have significant disabilities that affect my mobility.** ☐ Yes ☐ No

## Signature Required

***Applicant Signature*** ***Date***

By signing the Holiday Assistance Application, you confirm that your information is accurate, allowing GSN to share it with partners. You also agree to be contacted via phone, email, or mail. Participation in the Holiday Assistance program is at our discretion.

# CHRISTMAS Assistance Application for Children/Youth

*Up to five (5) children/youth may be listed here. For more names, add an additional page.*

- Children/Youth considered 18 years old / younger
- Relationship means how you are related to the primary contact.
- Estimate sizes by Christmas

Enter complete names as they appear on OFFICIAL documents.

**1**

First Name | Last Name

☐ M ☐ F | Relationship: Select | Age | School

Pants | Shirt | Socks | Underwear

**2**

First Name | Last Name

☐ M ☐ F | Relationship: Select | Age | School

Pants | Shirt | Socks | Underwear

**3**

First Name | Last Name

☐ M ☐ F | Relationship: Select | Age | School

Pants | Shirt | Socks | Underwear

**4**

First Name | Last Name

☐ M ☐ F | Relationship: Select | Age | School

Pants | Shirt | Socks | Underwear

**5**

First Name | Last Name

☐ M ☐ F | Relationship: Select | Age | School

Pants | Shirt | Socks | Underwear

**YOU MUST CLICK FILE SAVE or SAVE AS**
**to save any entry work you have made**
**if you are using the "fillable PDF" version.**

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After SAVING this fillable PDF, you can:

1) PRINT with changes and then MAIL or DROP-OFF to:

Good Samaritan Network
Holiday Assistance
13053 Parkside Dr.
Fishers, IN 46038

2) OR - DOWNLOAD the SAVED PDF and then attach it to an EMAIL.

When downloading, we suggest you add your last name to the document name, or include your last name in the subject line before emailing:

EMAIL to: info@gsnlive.org