

ID # \_\_\_\_\_

UNITED WAY OF HUNTERDON COUNTY (UWHC) /  
COUNTY RESIDENT



# Holiday Hands Gift Request 2018

ALL FORMS DUE TO UNITED WAY OF HUNTERDON COUNTY BY **OCTOBER 31, 2018**

**Mail to:** UWHC, PO Box 2290, Flemington, NJ 08822 **or Drop-off at:** 20 Fulper Rd, Flemington NJ 08822

PLEASE USE BLACK INK AND PRINT CLEARLY!

## Head of Household Information (Main Contact)

First name \_\_\_\_\_ Last name \_\_\_\_\_ Birthdate (MM/DD/YY) \_\_\_\_\_

Street address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_ Email \_\_\_\_\_

**Head of Household: Please circle the most appropriate answers for the following questions.**

Your answers to these questions will be used internally for research/grant writing purposes and will not determine your eligibility to participate in Holiday Hands or be shared with any outside party.

What is your race / ethnicity?	Household Income Range	Preferred Language	Mode of Transportation	What is the highest level of schooling you have completed?	How do you plan to file your 2018 tax return?
Caucasian	Unemployed	English	Own Car	Less than High School	United Way's VITA Program
Hispanic	\$1K - \$20K	Spanish	Taxi	High School Diploma / GED	I prepare my tax return alone
African American	\$20K - \$40K	Arabic	Link	Some College	A Friend or Family member prepares my taxes for me
Asian/Pacific Island	\$40K - \$60K	Other	Friend/Neighbor	Associates Degree	I pay a Professional
Middle Eastern	\$60K - \$80K		None	Bachelor's Degree	I do not file a tax return
Other	\$80K - \$100K			Masters / Doctorate Degree	
	\$100K+				

### Other ADULTS in household:

Full Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Relationship to head of household \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Relationship to head of household \_\_\_\_\_

### CHILDREN (18 years or younger) living in household (ONLY immediate family qualifies – son, daughter, foster child):

Full Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Relationship to head of household \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Relationship to head of household \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Relationship to head of household \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Relationship to head of household \_\_\_\_\_

*I authorize the release of the information contained in this request to UWHC. I understand that the information on the **back of this form** will be shared with donors. UWHC does not guarantee that I will be matched with a donor or receive any gift(s) that are requested. I understand that UWHC will check with other holiday programs for duplication and the other group will be asked to serve my family.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete Reverse Side!**

<b>OFFICE USE ONLY</b>	Entered Data: _____ (date) (initials)	Wish list Scanned: _____ (date) (initials)
	Reviewed: _____ (date) (initials)	Wish List Uploaded: _____ (date) (initials)

ID #

**NOTE TO CLIENTS: FORMS DUE BY OCTOBER 31<sup>ST</sup>, 2018.  
APPLICATIONS RECEIVED AFTER DUE DATE ARE PUT ON WAITLIST.**

You will be notified mid-December when your gifts are ready to be picked up.

**DO NOT write in GRAY boxes.** Put sizes next to items you wish for, **but leave blank if you do not need.**

**DO NOT request gift cards. They will be distributed *only* if available.**

**THIS IS A SAMPLE ONLY!!**

Initials	AB	Donor only
Gender and age	F, 12	only
Toy or other item	Jewelry craft kit	
Toy or other item		
Shoe size	8	
Pant size	10	
Shirt size	Medium	
Coat size		
Bed sheet size	twin	
Actual gift value	Total \$	
Gift Card value	Total \$	

**ADULTS IN HOUSEHOLD** If adult does not need item leave space blank.

Initials		Donor only		Donor only
Gender and age		only		only
Shoe size				
Pant size				
Shirt size				
Coat size				
Bed sheet size				
Other item				
Actual gift value	Total \$		Total \$	
Gift Card value	Total \$		Total \$	

**CHILDREN IN HOUSEHOLD** \*Additional children should be added on another paper. If child does not need an item leave space blank.

Initials		Donor only		Donor only		Donor only		Donor only
Gender and age		only		only		only		only
Toy or other item								
Toy or other item								
Shoe size								
Pant size								
Shirt size								
Coat size								
Bed sheet size								
Actual gift value	Total \$		Total \$		Total \$		Total \$	
Gift Card value	Total \$		Total \$		Total \$		Total \$	

**DONOR ONLY**

Please fill out information below



**DONORS: PLEASE BRING THIS FORM WITH YOU WHEN YOU DROP OFF YOUR DONATIONS.**

Please limit gift donations to \$50 per person. Each year we have clients who do not get adopted. If you are able to spend additional funds please consider adopting another family and/or individual.

**Gifts:** Please leave gifts unwrapped and put in black utility bags. Tag each bag with Client ID#. We appreciate donations of wrapping paper, tape, and bows for the clients to use. Please list the value of all gifts in the gray shaded box on right side of **each** item above.

**Gift Cards:** Please write the value on each card, place inside an envelope, mark with the Client # & total dollar amount and hand to the staff/volunteer that checks in your gifts. **DO NOT TAPE GIFT CARDS ONTO THE BAG!**

<b>Donor Information (please print clearly)</b>	<b>Volunteer Use ONLY:</b>	<b>Office Use ONLY:</b>
Name _____	Drop-off Date _____	Gift Card Tracked _____ (date) _____ (initials)
Company/Org _____	Total Actual Gifts Value _____	Donor Info Entered _____ (date) _____ (initials)
# of Gift Cards _____	Total Value of Gift Cards _____	Client Info Entered _____ (date) _____ (initials)