

APPLICATION # _____

2009 PROJECT UPLIFT APPLICATION

Complete application and return to: Action, Inc. 180 Main St., Gloucester by Friday, December 11, 2009. Incomplete or late applications will NOT be processed. One application per family.

WE WILL CALL YOU
when your packages are ready for pick up.

NAME : _____
ADDRESS : _____
HOME PHONE : _____
CELL : _____
E-MAIL : _____
SIGNATURE : _____

NAMES OF CHILDREN 10 AND UNDER	CIRCLE ONE	AGE
1.	Male or Female	
2.	Male or Female	
3.	Male or Female	
4.	Male or Female	
5.	Male or Female	

Please check here if you are receiving assistance through these programs:

- | | |
|---|---|
| <input type="checkbox"/> Globe Santa | <input type="checkbox"/> Ipswich Caring |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Local Church |
| <input type="checkbox"/> Pathways for Children | <input type="checkbox"/> Toys for Tots |
| <input type="checkbox"/> Other (please specify) _____ | |

**I certify that I am receiving the following public welfare assistance: \$ _____
per month. Total HOUSEHOLD assistance per month, if different: \$ _____**

(or)

If you do not receive public assistance, please list other extenuating circumstances which result in your needing assistance through this program:

PLEASE DO NOT CALL ACTION. A PICK-UP DATE, TIME AND PLACE WILL BE GIVEN TO YOU.

Action, Inc. Project Uplift Application Form

Mail completed applications to Project Uplift, Action, Inc., 180 Main Street, Gloucester, MA 01930. The information on this form is confidential.

Program PROJECT UPLIFT **Date** _____ **Caseworker/Intake Person:** Ashley Speicher
Address _____ **Apt.** _____
City/Town _____ **Zip** _____ **Phone** _____ **Annual Household Income** _____
Family Type ___ **# in Household** ___ **Housing Type** ___ **Food Stamps** ___ **Farmer** ___ **Mig Farmer** ___ **Seasonal Farmer** ___
(codes below) (codes below) (Y/N) (Y/N) (Y/N) (Y/N)

Comments (Optional)

Family Members (Place Head of Household Info on Line #1)

MI = Middle Initial Dis = Disabled (Y/N) Vet = Veteran (Y/N) Edu = Education (Use Codes Below) Ins = Health Insurance (Use Codes Below)
 Eth = Ethnicity (Use Codes Below) Income Codes = Income Source Codes (Use Codes Below)

No.	Social Security No.	Last Name	First Name	MI	Birth Date	Sex	Dis	Vet	Edu	Ins	Eth	Income Codes	Monthly Income		
1															
2															
3															
4															
5															
6															
7															
8															

Family Type	Housing	Education	Health Insurance	Race/Ethnicity	Non-Hispanic	Hispanic
1=Female Head of Household	1=Own	1=Up to 8 th Grade	1=Private	Amer.Indian/Alask .Native	A	B
2=Male Head of Household	2=Rent	2=Up to 12 th Grade (not graduate)	2=Medicare	Asian	C	D
3=Two-Parent Household	3=Public	3=High School Grad or GED	3=Mass Health*	Black or African Amer.	E	F
4=Single Person Household	4=Subsidized	4=Schooling Beyond High School	4=None	Hawaiian or Pacific Island.	G	H
5=Two Adults/No Children	5=Homeless	5=College Graduate, 2 or 4 year	*Form.	White	I	J
6=Other	6=Other		Medicaid	Multi-Race	K	L
				Other	M	N
				No Response	O	P

Income Source Codes

A=Wages	I=Pension
B=Self-Empl.	J=Work. Comp.
C=Social Security	K=Int./Dividends
D=SSI	L=Rental Income
E=AFDC	M=Support
F=EAEDC	N=Other
G=Unemploy.	O=No Income
H=Vets. Benef.	