

# WASHINGTON UNIVERSITY MEDICAL CENTER 2017 HOLIDAY OUTREACH PROGRAM

*Application must be completed in full and returned no later than October 31, 2017*

\*The information will be seen by staff only. All information will remain confidential.\*

PLEASE PRINT

\*Name: \_\_\_\_\_

\* STREET ADDRESS & ZIP CODE (no PO Boxes): \_\_\_\_\_  
\_\_\_\_\_

\*Phone number where family can be contacted: (\_\_\_\_\_) \_\_\_\_\_

Alternate number: (\_\_\_\_\_) \_\_\_\_\_

***We will be in contact with you often. Please make sure all your information is correct and current.***

The Holiday Outreach Program is intended to help families who are experiencing unexpected problems this holiday season. Please tell us why you and your family should be eligible for the program.

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Have you participated in this program in the past?      Yes                  No

If Yes, what year(s)?

2013

2014

2015

2016

Are you in need of utility assistance?                  Yes                  No

If, yes which?                  Gas                  Electric                  Water/Trash

Are you in need of food assistance?                  Yes                  No

Any other wish list/special requests (household items, cleaning supplies, etc.)? \_\_\_\_\_

List each individual(s) name and age. Write their sizes inside the box below. Please print and be specific.

Number of children: \_\_\_\_\_  
(Age 0-17)

Number of adults: \_\_\_\_\_  
(Age 18 & up)

Name: _____ Age: _____ Male or Female Favorite Color: _____ Sizes for shirt, pants, socks/shoes, etc.	Name: _____ Age: _____ Male or Female Favorite Color: _____ Sizes for shirt, pants, socks/shoes, etc.	Name: _____ Age: _____ Male or Female Favorite Color: _____ Sizes for shirt, pants, socks/shoes, etc.
Name: _____ Age: _____ Male or Female Favorite Color: _____ Sizes for shirt, pants, socks/shoes, etc.	Name: _____ Age: _____ Male or Female Favorite Color: _____ Sizes for shirt, pants, socks/shoes, etc.	Name: _____ Age: _____ Male or Female Favorite Color: _____ Sizes for shirt, pants, socks/shoes, etc.

Social Security Numbers

*\*If accepted into the program, I understand that my social security number may be required.\**

Photo Consent

Your consent to the following has no merit in whether you will be accepted into the program.

*If accepted into the program, I give permission for me and my family to be photographed and for the photos to be shared with the departments who adopted us through the Holiday Outreach Program. (Circle One)*

Yes, I consent to our photo being shared with the department.

No, I do not want our photo shared with the department.

Program Consent

*I acknowledge that my family is an applicant for the Holiday Outreach Program and is aware that there are a limited number of families the program serves and therefore may not be selected for this year's program. If selected, the Holiday Outreach Committee has the right to withhold any gifts if it is shown that any of the provided information is misleading.*

\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

There are a limited number of spaces available. A completed and accepted application form does not guarantee participation in the program. Gifts received by this program are up to the discretion of the donor. Washington University Medical Center and its affiliates assume no responsibilities as to the quality and quantity of the gifts and donations provided by the donors.

For questions or comments, please call Jaime Evans at (314) 747-2331.

Please submit completed application to 4400 Chouteau Avenue, St. Louis, MO 63110

**\*Applications must be submitted no later than October 31, 2017\***

Program Notification letters will be sent out by November 10, 2017

For Office Use Only, Please Do Not Write Below this Line

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Accepted      Hold      Rejected

\_\_\_\_\_ Date      \_\_\_\_\_ Date      \_\_\_\_\_ Date

Family Number 2017- \_\_\_\_\_

Type of Assistance Given: (Circle all that apply)      Gifts      Food      Utility

# Holiday Outreach Boundary

*\*You must live in the Holiday Outreach Program Boundary to be able to be considered for participation.\**

