

**Spirit of Giving**

Welcome to Aspire of WNY's Spirit of Giving 2022!

**All applications must be received by Aspire's Agency Outreach & Central Intake Division no later than October 28, 2022.**

**\*Applications should be emailed to** **spiritofgiving@aspirewny.org****\***

Spirit of Giving is once again extending eligibility to the first TWENTY-FIVE individuals (and their families) that do not receive any service from Aspire!

This is strictly first-come-first-serve;

**there will be absolutely no exceptions.**

All applicants must have current eligibility for OPWDD services and be prepared to provide proof.

We gratefully request that those submitting applications be prepared to pick up and deliver gifts to the individuals/families they have identified.

For questions, please contact Jenna Astridge jastridge@aspirewny.org

O: (716) 505-5260 C: (716) 399-8417.



***“Spirit of Giving”- Application 2022***

**\*ALL APPLICATIONS ARE DUE TO AGENCY OUTREACH CENTRAL INTAKE BY FRIDAY, OCTOBER 28, 2022*\****

This is an income & resource-based program for people who are currently eligible for services with The Office for People with Developmental Disabilities (OPWDD).  We would appreciate your cooperation to only submit applications for individuals/families that would NOT be able to provide a Holiday without this assistance.  There is no age limit for recipients.  The recipient’s entire family may be included on the application, however, only family members that live under the same roof as the recipient may be included.

 **This form must be completed in full; the more information you provide the better!**

**Section 1- Recipient Information**

Recipient Name:  Parent/Caregiver (if applicable): 

Recipient Address: 

 Phone Number:  Email: 

**Section 2- Submitter Information \*Submitter will be expected to arrange to deliver gifts to identified individual/family. This assistance is greatly appreciated to ensure delivery before the holidays! If assistance is needed, please let us know.**

Application Submitted By:  Relationship to Recipient: 

Phone Number:  Email: 

\*If you are a Care Coordinator, please complete the following:

Agency: PCS [ ]  Prime Care [ ]  CC Supervisor Name: 

Supervisor Phone Number:  Email: 

\*If the submitter is not a Care Coordinator, please complete the following if known:

Individual’s CCO: PCS [ ]  Prime Care [ ]  CC Name: 

CC Phone Number:  CC Email: 

**Section 3- Eligibility**

Do you receive services from Aspire WNY? Yes [ ]  No [ ]

**If yes**, list services: 

**If no**, please provide the following details regarding household finances: (*applications will not be considered without this information*)

How many people live in the household (under same roof of recipient)? 

Household income (for all individuals residing in the home), which includes (i.e., wages, SSD/SSI, child support, etc.): $

Please provide any other important details regarding the applicant/family’s circumstances that contribute to hardship:

 

**Section 4- Individual** (if submitting for a family, please see **section 5**)

Recipient Age:  Gender Identity: 

**Gift Ideas**: Be as specific as possible- (If requesting videogames, specify which system i.e.: PSP/XBOX/PC. If requesting a gift card, tell us where to i.e.: Tops, Target, Amazon, etc. If requesting movies or music i.e.: Blue Ray/DVD/CD. Requesting toys- give brand names, describe toy etc.)

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**Clothing Requests:** (complete the following only if **clothing is desired**)

 Size: Section (Adult, Jr, Child, T, Infant): Color or style preferences (be specific):

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| Coat:  |  |  |  |

**Section 5- Families**

If you are submitting this request for your family or on behalf of a family, please check *ONE* preference for gift type: [ ]  **Family gift\* ---*OR---***  [ ]  **Individual gifts~**

\***Family Gift**

Please provide ideas (be as specific as possible- If requesting videogames, specify which system i.e.: PSP/XBOX/PC. If requesting a gift card, tell us where to i.e.: Tops, Target, Amazon, etc. If requesting movies or music i.e.: Blue Ray/DVD/CD. Requesting toys- give brand names, describe toy etc.):

1. 
2. 
3. 

***-------OR-------***

**~Individual Gifts**

1. **Family Member Name** (for wrapping purpose only): 

Recipient Age:  Gender Identity: 

**Gift Ideas**: Be as specific as possible- (If requesting videogames, specify which system i.e.: PSP/XBOX/PC. If requesting a gift card, tell us where to i.e.: Tops, Target, Amazon, etc. If requesting movies or music i.e.: Blue Ray/DVD/CD. Requesting toys- give brand names, describe toy etc.)

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1. **Family Member Name**: 

Age:  Gender Identity: 

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**\*Continue to next page for additional family members\***

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