

CC Phone Number:



"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: Email: Phone Number: *If you are a Care Coordinator, please complete the following: CC Supervisor Name: Agency: PCS Prime Care 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 Email:

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Section	3-	Eligibil	ity
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Do you receive services from Aspire	WNY? Yes 🗌 No 🗌	
If yes, list services:		
If no , please provide the following <i>information</i>)	details regarding housel	nold finances: (applications will not be considered without this
How many people live in the househ	nold (under same roof of r	ecipient)?
Household income (for all individua	als residing in the home), which includes (i.e., wages, SSD/SSI, child support, etc.): \$
Please provide any other important	details regarding the ap	oplicant/family's circumstances that contribute to hardship:
Section 4- Individual (if	submitting for a fan	nily, please see section 5)
Recipient Age:	Gender Id	dentity:
Gift Ideas: Be as specific as poss	sible- (If requesting video	games, specify which system i.e.: PSP/XBOX/PC. If requesting a gift movies or music i.e.: Blue Ray/DVD/CD. Requesting toys- give brand
1.		
2.		
3· 4·		
5.		
	the following only if clo t	thing is desired) Color or style preferences (be specific):
Shirt:	or, cima, 1, mant).	color of style preferences (se specific).
Pants:		
Shoes:		
Coat:		
Section 5- Families		
If you are submitting this request fo	r your family or on beha	alf of a family, please check <u>ONE</u> preference for gift type:
☐ Family gift*OR] Individual gifts [,]	~
*Family Gift		
	e.: Tops, Target, Amazon, e	esting videogames, specify which system i.e.: PSP/XBOX/PC. If etc. If requesting movies or music i.e.: Blue Ray/DVD/CD. Requesting
1)		
2)		

Completed applications should be returned to spiritofgiving@aspirewny.org or Aspire of WNY Agency Outreach Central Intake 7 Community Dr. Cheektowaga NY 14225.

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3)
OR
~Individual Gifts
A. 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 bran names, describe toy etc.)
1.
2. 3.
4.
5.
Clothing Requests: (complete the following only if clothing is desired)
Size: Section (Adult, Jr, Child, T, Infant): Color or style preferences (be specific):
Shirt:
Pants:
Shoes:
Coat:
B. Family Member Name:
Age: Gender Identity: 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 bran names, describe toy etc.)
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Size: Section (Adult, Jr, Child, T, Infant): Color or style preferences (be specific):
Shirt:
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Coat:

^{*}Continue to next page for additional family members*

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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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Continue to next page for additional family members

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 $^{{}^*}$ Continue format for additional family members.