

The 2021 Santa's Elves Program

If you find yourself struggling to make ends meet this holiday season we would like to help. Mt. Wheeler Power, White Pine County Social Services and some very generous elves would like to help put a little something special under the tree for your child(ren) this year.

Please note required program changes due to COVID-19 protocol.

Application <u>deadline</u> is **October 30, 2021**. To reduce contact please leave your completed application in the night drop or drop off at the drive-up window before 4pm, October 29, 2021.

Please do not include any personal financial

information. Social Services personnel will contact you for required verification. Applicants will be accepted on a first come basis due to financial limitations this year.

The Santa's Elves program has been in place for over 30 years, and while it has changed over the years, the programs intent has always been to lend a helping hand to families who are financially struggling with the additional expenses of the holiday season. This program is not a government funded program, we rely on the generosity of our community to purchase items or to donate financially.

Applications received after the deadline will be denied. No exceptions. Gifts will be available to pick up during the week of December 13, 2021. You will be notified of the exact date in a letter during the beginning of December. Please keep this page as a reference.

Please print clearly. Items marked with * are mandatory.

Parent(s) or Guardian(s):	
*Name:	

*Mailing address:		
City	, State	, Zip
*Physical address: _	FRC FRC	OM
City *Phone # () *Email:	, State	, Zip
*Mt. Wheeler Power	account #	- 11 . · ·
Please indicate how #children under #adults 18-64	many people live in the the age of 13 #ch # adults 65+	y cheer for the entire household. he home. children between 13-18 old, please share those here.
· PRAL		
Linker	needs may be consid	or each child <u>12 or under</u> . Older dered. Please inquire when Social
		HE APPLICATION REQUIREMENTS AND CATION TO BE TRUE AND CORRECT. I

UNDERSTAND THAT BY FALSIFYING ANY INFORMATION ON THIS APPLICATION IT WILL BE DENIED THIS YEAR AND I MAY NOT HAVE THE OPPORTUNITY TO APPLY FOR THE PROGRAM IN THE FUTURE. *_____

PARENT OR LEGAL GUARDIAN SIGNATURE (required)

A staff member from the social services office will contact you regarding your application during the week of Nov 2nd to verify information on your application. Birth certificates or proof of guardianship, and income verification may be required at that time. Contact must be made to be accepted.

Application received ____

Approved / Denied by White Pine County Social Services office on ______.

Please be very specific include ability when appropriate. Remember those who are shopping for your child(ren) do not know them so anything that will help them get the perfect present for your child, needs to be listed here.

Childs Name:	Childs Name:
Boy / Girl (circle one) Age	Boy / Girl (circle one) Age
No individual item may exceed \$100.	No individual item may exceed \$100.
My child's toy wishes this year are:	My child's toy wishes this year are:
1 st choice	1 st choice
2 nd choice	2 nd choice
3rd choice	3rd choice
My child's clothing wishes this year are:	My child's clothing wishes this year are:
1 st choice	1 st choice
2 nd choice	2 nd choice
3rd choice	3rd choice
My child needs:	My child needs:
1 st choice	1 st choice
2 nd choice	2 nd choice
3rd choice	3rd choice
Be very specific. Include sizes, styles, and color preferences. We do not know your	Be very specific. Include sizes, styles, and color preferences. We do not know you

color preferences. We do not know your child so details will help us purchase exactly what they are hoping to find under the tree this year. Be very specific. Include sizes, styles, and color preferences. We do not know your child so details will help us purchase exactly what they are hoping to find under the tree this year.