

## PROJECT UPLIFT APPLICATION

This completed application must be returned to Action, Inc., 180 Main Street Gloucester by Friday, December 15, 2006. **Incomplete or late applications will not be processed.** All information on this application will be confirmed. **You will be notified by phone when your packages are ready for pick up.**

NAME: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE(S): \_\_\_\_\_

Please list your children under the age of 13 for whom you are requesting assistance. **Only one application per family.** Please be sure to return your application and have it stamped and dated by Action staff.

NAMES OF CHILDREN	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 any of the following programs:

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

**APPLICANTS NEED TO MAKE ARRANGEMENTS TO PICK UP THEIR PACKAGES ON THE DATE AND TIME GIVEN TO YOU. PLEASE DO NOT CALL ACTION PRIOR TO THIS TIME. IF THERE ARE ANY CHANGES IN THIS PROCESS WE WILL CALL TO NOTIFY YOU.**

## Action, Inc. Project Uplift Application Form

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

**Program** PROJECT UPLIFT      **Date** \_\_\_\_\_      **Intake Person** Downloaded Application  
**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) \_\_\_\_\_

**Project** \_\_\_\_\_

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

**List Date In/Out for Client (s) of This Program Only**

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)      Date In/Out = Date Entered Program/Left program      Income Codes = Income Source Codes (Use codes below)

#	Social Security Number	Last Name	First Name	M I	Birth Date	S	D	V	E	I	E	Date In (Date client accepted in program)	Out (Date Client leaves Program)	Income Codes	Monthly Income
						E	I	E	D	N	T				
						X	S	T	U	S	H				
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															

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| <b>Family Type</b><br>1= Female Head of Household<br>2= Male Head of Household<br>3= 2 Parent Household<br>4= Single Person In Household<br>5= 2 Adults No Children<br>6= Other | <b>Housing</b><br>1= Own<br>2= Rent<br>3= Public<br>4=Subsidized<br>5= Homeless<br>6= Other | <b>Education</b><br>1= Up to 8 <sup>th</sup> Grade<br>2= Up to 12 <sup>th</sup> Grade (Not Graduate)<br>3= High School Grad or GED<br>4= Any Schooling Beyond High School<br>5= College Graduate, 2 or 4 Year | <b>Health Insurance</b><br>1= Private<br>2= Medicare<br>3= MassHealth*<br>4= None<br><br>*Formerly Medicaid | <b>Ethnicity</b><br>1= Black/Not Hispanic<br>2= White/Not Hispanic<br>3= Asian<br>4= Hispanic<br>5= Cape Verdean<br>6= Native American/Alaskan<br>7= No Response<br>8= Other | <b>Income Source Codes</b><br>A= Wages<br>B= Self Employ<br>C= Social Security<br>D= SSI<br>E= TAFDC<br>F=EAEDC*<br><br>* Formerly General Relief | G= Unemployment<br>H= Veterans Ben<br>I= Pension<br>J= Workers Comp<br>K= Inter/Dividends<br>L= Rental Income | M= Support<br>N= Other<br>O= No Income |
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