



# Christmas Alert 2023



Christmas Gift Program

This form must be returned by **November 9th, 2023**

## Who referred you:

If your family is in need of assistance with Christmas gifts due to low income or crisis, fill out this form and return it to

|   |   |
|---|---|
| Frontier Community Action Agency<br>370 S Mountain Street<br>Battle Mountain, NV 89820<br>775-635-8302<br>Mondays and Wednesdays 10am-2pm | Battle Mountain Rec Center<br>560 Altenburg Ave<br>Battle Mountain NV 89820<br>775-635-9209<br>Monday to Friday 8am-7pm |
|---|---|

- Applicants must provide proof of eligibility to a benefit program such as: SNAP (food Stamps) or TANF (cash assistance), If not on any program, proof of income will be required
- Applicants must show relationship to child such as: Birth certificate, school documents

Legal Guardian 1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Address \_\_\_\_\_

Legal Guardian 2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Address \_\_\_\_\_

\*List all Children in your guardianship Infants to 18 years old or still enrolled in high school  
List 1 item of \$25 value or less in each category or a combined value of \$75

| Name                         | Special Needs | Gender      | Age      | Read                      | Want/Likes        | Need                      |
|------------------------------|---------------|-------------|----------|---------------------------|-------------------|---------------------------|
| <i>Example: Rose Johnson</i> |               | <i>Girl</i> | <i>7</i> | <i>Captain Underpants</i> | <i>Paw Patrol</i> | <i>Pink coat size 7/8</i> |
|                              |               |             |          |                           |                   |                           |
|                              |               |             |          |                           |                   |                           |
|                              |               |             |          |                           |                   |                           |
|                              |               |             |          |                           |                   |                           |

**Confidentially:** I understand that this is completely confidential and that the only people that will have any access to my personal information will be staff at my Children's given school(s), staff at Frontier Community Action Agency, Lander County, Battle Mountain Rec Center and Lander Shop with a cop.

**Infectious disease Liability Release Waiver:** With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in the Project Santa gift program while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

**By signing below** I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Christmas Alert 2023



Programa de regalos de Navidad para familias necesitada.  
Organizado por



*Frontier Community Action Agency & Lander County*



Las solicitudes están disponibles

|  |   |
|--|---|
| <p>Frontier Community Action Agency<br/>370 S Mountain Street<br/>Battle Mountain, NV 89820<br/>775-6358302<br/>Lunes Y Miércoles 10am-2pm</p> | <p>Battle Mountain Rec Center<br/>560 Altemburg Ave<br/>Battle Mountain NV 89820<br/>775-635-9209<br/>Lunes - Viernes 8am-7pm</p> |
|--|---|

- ★ Niños de 0 a 18 años
- ★ El solicitante debe demostrar una relación con el niño, por ejemplo:  
\*Certificado de nacimiento, documentos escolares, registros de vacunas
- ★ Adultos Mayores de 55 años o más
- ★ Los solicitantes deben proporcionar prueba de elegibilidad para un programa de beneficios como:  
\*SNAP (Cupones para Alimentos) o TANF (Asistencia en Efectivo)  
  
\*Si no está en ningún programa, se requerirá prueba de ingresos.

**Cierre de solicitudes serán el martes 9 de Noviembre del 2023**

*Las solicitudes después del 9 de noviembre NO serán garantizadas.*





# Christmas Alert 2023



Christmas Gift Program for low income Seniors 55 or older  
This form must be returned by **November 9th, 2023**



**Who referred you:**

Applications available now at

|   |   |
|---|---|
| Frontier Community Action Agency<br>370 S Mountain Street<br>Battle Mountain, NV 89820<br>775-635-8302<br>Mondays and Wednesdays 10am-2pm | Battle Mountain Rec Center<br>560 Altenburg Ave<br>Battle Mountain NV 89820<br>775-635-9209<br>Monday to Friday 8am-7pm |
|---|---|

- Applicants must provide proof of eligibility to a benefit program such as: SNAP (food Stamps) ,
- If not on any program, proof of income will be required
- Applicants must be 55 years of age or older

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

List 1 item of \$25 value or less in each category or a combined value of \$75

| Item #1                 | Item #2               | Item #3                    |
|-------------------------|-----------------------|----------------------------|
| <i>Example: Blanket</i> | <i>Example: Socks</i> | <i>Example: Hair Brush</i> |
|                         |                       |                            |

**Confidentially:** I understand that this is completely confidential and that the only people that will have any access to my personal information will be staff at Frontier Community Action Agency, Lander County, Battle Mountain Rec Center, Lander Senior Center.

**Infectious disease Liability Release Waiver:** With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in the Project Santa gift program while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

**By signing below** I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_