

2017 HOLIDAY REGISTRATION

Please return to: Mount Olive Township Health Department
PO Box 450
Budd Lake, NJ 07828

*****RETURN NO LATER THAN NOVEMBER 1, 2017*****

**IF RECEIVED AFTER 11/1/17 WE WILL NOT BE ABLE TO BE AS GENEROUS
FOR YOUR CONVENIENCE WE HAVE ENCLOSED AN ENVELOPE**

(We also have an after-hours drop box located in the Municipal Building parking lot near senior center)

This application is for holiday gifts only...NOT holiday food baskets. Please call 862-251-3938 for information on holiday food baskets.

All information is confidential and will be used solely for the purpose of determining Holiday Program Eligibility.

MOTHER'S INFORMATION

LAST NAME

FIRST NAME

ADDRESS

TOWN

ZIP CODE

PHONE NUMBER

E-MAIL ADDRESS

EMPLOYER: _____

PROOF OF RESIDENCY: picture identification; driver's license, etc.

PROOF OF CURRENT INCOME: current check stub; current bank statement

FATHER'S INFORMATION

LAST NAME

FIRST NAME

ADDRESS

TOWN

ZIP CODE

PHONE NUMBER

E-MAIL ADDRESS

EMPLOYER: _____

PROOF OF RESIDENCY: picture identification; driver's license, etc.

PROOF OF CURRENT INCOME: current check stub; current bank statement

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ Age: _____ Sex: M F Grade _____

Gift ideas: _____

SIZE: Coat _____ Shirt _____ Pants _____ Dress _____ Shoe _____

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ Age: _____ Sex: M F Grade _____

Gift ideas: _____

SIZE: Coat _____ Shirt _____ Pants _____ Dress _____ Shoe _____

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ Age: _____ Sex: M F Grade _____

Gift ideas: _____

SIZE: Coat _____ Shirt _____ Pants _____ Dress _____ Shoe _____

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ Age: _____ Sex: M F Grade _____

Gift ideas: _____

SIZE: Coat _____ Shirt _____ Pants _____ Dress _____ Shoe _____

The Mount Olive Holiday Gift Program is for Township Residents only

- Eligibility Requirements
1. Participants must be residents of Mount Olive Township
 2. Participants must reside full-time with parent(s) completing application
 3. Participants must be attending primary school (not college)
 4. Families must meet HUD Section VII Income Limits for Morris County

****PLEASE KEEP THIS FOR YOUR INFO****

YOU WILL NOT BE GETTING A PHONE CALL

HOLIDAY GIFT PICK UP DATES AND TIMES WILL BE:

**TUESDAY, DECEMBER 19th STARTING AT 9AM UNTIL 4PM
WEDNESDAY, DECEMBER 20th 9AM UNTIL 4PM**

**PICK UP WILL BE IN THE HEALTH DEPARTMENT LOCATED IN THE
MUNICIPAL BUILDING 204 FLANDERS-DRAKESTOWN RD BUDD LAKE**

*****IN THE FUTURE, WE ARE STRIVING TO SEND ALL
CORRESPONDENCE THROUGH E-MAIL. PLEASE BE SURE TO INCLUDE
AN EMAIL ADDRESS IN YOUR APPLICATION.*****