



Redevelopment
Corporation

4400 Chouteau Avenue
St. Louis, Missouri 63110
(314) 747-2331 Office
(314) 371-4283 Fax

October 1, 2013

Dear Forest Park Southeast /Botanical Height Resident:

Thank you for your interest in the Washington University Medical Center 2013 Holiday Outreach Program. This program is funded totally through donations and gifts provided by individuals and departments within the Washington University Medical Center community. **APPLYING TO THIS PROGRAM DOES NOT GUARANTEE YOUR PARTICIPATION.** This year we expect the number of applicants to exceed the number of families that we can assist. It is extremely important that you complete the full application (do not leave any blanks). We will not review or accept any incomplete applications. Applications must be submitted by November 1st, 2013. No applications will be accepted after November 1st. All applicants will be notified regarding the status of their application by November 15th, 2013.

In addition to the attached application, we have enclosed the St. Louis Area Energy Assistance Guide that provides a list of resources that are available to help you meet your immediate needs. We hope that this information proves helpful to you. We have also attached the Program Boundary. Please make sure your residence qualifies for the program.

Once again, thank you for your interest in this year's program.

Sincerely,

Washington University Medical Center

ENCLOSURE

BJC Health System
Barnes-Jewish Hospital
St. Louis Children's Hospital
Washington University
School of Medicine

WASHINGTON UNIVERSITY MEDICAL CENTER

2013 HOLIDAY OUTREACH PROGRAM

Application must be completed in full and returned by November 1st

The information will be seen by staff only. All information will remain confidential.

PLEASE PRINT

*Name: _____

*Family Street Address (no PO Boxes): _____, St. Louis, MO 63110

How long have you lived at this current address: _____ Years _____ Months

*Phone number where family can be contacted: (_____) _____

Alternate number: (_____) _____

Number of children: _____
(Age 0-17)

Number of adults: _____
(Age 18 & up)

Please list each individual name, age, clothing sizes & favorite color (**Please Print**).

*Name		Age	Shirt	Pants	Dress	Shoe	Color
<input type="checkbox"/> Male <input type="checkbox"/> Female			Size	Size	Size	Size	

*Name		Age	Shirt	Pants	Dress	Shoe	Color
<input type="checkbox"/> Male <input type="checkbox"/> Female			Size	Size	Size	Size	

*Name		Age	Shirt	Pants	Dress	Shoe	Color
<input type="checkbox"/> Male <input type="checkbox"/> Female			Size	Size	Size	Size	

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<input type="checkbox"/> Male <input type="checkbox"/> Female			Size	Size	Size	Size	

*Name		Age	Shirt	Pants	Dress	Shoe	Color
<input type="checkbox"/> Male <input type="checkbox"/> Female			Size	Size	Size	Size	

*Name		Age	Shirt	Pants	Dress	Shoe	Color
<input type="checkbox"/> Male <input type="checkbox"/> Female			Size	Size	Size	Size	

Have you participated in this program in the past? Yes No

If Yes, what year(s)?

2006 2007 2008 2009 2010 2011 2012

The Holiday Outreach Program is intended to aid families who, due to circumstances outside of their control, are experiencing a hardship this holiday season. Please indicate the unusual and special circumstances surrounding you and/or your family that you feel makes you eligible for the program?

Are you or other adult family members currently seeking employment? Yes No

If seeking employment, have you or other adult family members contacted and/or completed the Forest Park Southeast MERS/Goodwill Employment Assistance Program? Yes No

Would you or your family members like a referral to the FPSE Employment Assistance Program? Yes No

Are you in need of utility assistance? Yes No
If, yes which? Gas Electric Water/Trash

Are you in need of food assistance? Yes No

Any other special needs (bedding, cleaning supplies, etc.)? _____

Photo Consent

Your consent to the following has no merit in whether you will be accepted into the program.

If accepted into the program, I give permission for my family and me to be photographed and shared with the departments who adopted us through the Holiday Outreach Program.

Yes, I consent to our photo being shared with the department.

No, I do not want our photo shared with the department.

Program Consent

I acknowledge that my family is an applicant for the Holiday Outreach Program and is aware that there are a limited number of families the program serves and therefore may not be selected for this year's program. If selected, the Holiday Outreach Committee has the right to withhold any gifts if it is shown that any of the provided information is misleading.

*Applicant Signature: _____ Date: _____

There are a limited number of spaces available. A completed and accepted application form does not guarantee participation in the program. Gifts received by this program are up to the discretion of the donor. Washington University Medical Center and its affiliates assume no responsibilities as to the quality and quantity of the gifts and donations provided by the donors.

For questions or comments please call Jaime Evans at (314) 747-2331.

Please submit completed application by fax to (314) 371-4283
or send to 4400 Chouteau Avenue, St. Louis Mo. 63110

Applications must be submitted by no later than November 1, 2013

Notification letters will be sent out by November 8th

For Office Use Only, Please Do Not Write Below this Line

Received by: _____ Date: _____ Accepted Hold Rejected

_____ Date _____ Date _____ Date

Family Number 2013-_____

Type of Assistance Given: (Check all that apply) Gifts Food Utility

Holiday Outreach Boundary

— Program Boundary

