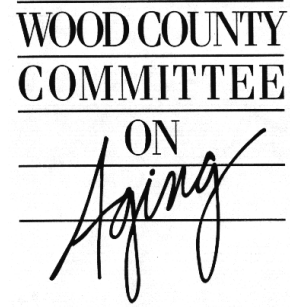


*The Wood County Committee on Aging, Inc.*  
**Holiday Outreach Project:  
Grandparents Raising Grandchildren**



***This project is intended to enable applicants to receive assistance with gifts during the 2017 holiday season to help relieve the financial burden to grandparents raising grandchildren.***

- **Deadline** for applications is *Friday, December 8, 2017* and the application must be completed to determine your eligibility.
- **One** application **per household per individual** minor (birth to 17 years of age) for consideration annually.
- Submissions must be returned to any of the seven senior centers of the Wood County Committee on Aging, Inc. or mailed to:

***Wood County Committee on Aging, Inc.  
c/o Holiday Outreach Project: Grandparents Raising Grandchildren  
305 N. Main St.  
Bowling Green, OH 43402***

If you have any questions about the application contact the Programs Department of the Wood County Committee on Aging, Inc., in Bowling Green at **(419) 353.5661** or toll-free at **1(800)367.4935**. You can also send an e-mail to [programs@wccoa.net](mailto:programs@wccoa.net).

**NOTE:** Holiday outreach project funds raised through the Senior Centers in Wood County will be used by WCCOA to purchase gifts for the eligible children. All gifts will be purchased and wrapped by WCCOA staff.

**Selection Conditions:** Applications will be reviewed based upon geographical location. Funds collected will support families in that area.

**Criteria:**

1. Applicant must be 60 years old and over.
2. Applicant must demonstrate a financial hardship.  
Committee will review application criteria based on the current Federal Poverty Guidelines.
3. Applicant must be a Wood County resident.
4. Applicant must be the guardian of the grandchildren and reside in the same residence.

**Over** →

**Application:** (please print)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Monthly Household Income: (including medications/prescriptions) \_\_\_\_\_

Number of Grandchildren in Household: \_\_\_\_\_

Names and Ages of Grandchildren: \_\_\_\_\_

Do you have legal guardianship? Circle Yes No

Interests (Books, Games, Characters, etc.): \_\_\_\_\_

Clothing (sizes and needs): \_\_\_\_\_

**Reason for Submission/Demonstrate Need:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Submit additional comments on a separate page*

**STATEMENT OF ACCURACY**

I affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I understand that if chosen that I will abide by the rules of the project.

Applicant Signature: \_\_\_\_\_

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

**FOR OFFICE USE ONLY:**

Submission Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

Status

- Awarded
- Not Awarded

Date of applicant's last award \_\_\_\_\_

Person contacted:

- Yes \_\_\_ Date
- No \_\_\_ Date