

# 2020 SARPY COUNTY HOLIDAY ASSISTANCE

## Planning Committee:

Eastern Nebraska Community Action Partnership (ENCAP)  
City of Bellevue - Human Services  
Bellevue Christian Center  
Sarpy County Human Services  
Sarpy County Sheriff's Office  
St. Columbkille Church - Papillion  
Papillion Area Lions Club



## REQUIRED DOCUMENTS to SIGN-UP

1. Photo ID for Head of Household (person applying)
2. Proof of ages for children (*must have at least one child age 16 or younger in the household to be eligible*)  
*Birth Certificates; OR Current Medicaid Card; OR School Enrollment forms*
3. Proof of address (dated within the last 30 days & must live in Sarpy County):  
*Utility bill (OPPD, MUD, Black Hills Energy) – preferred; OR Letter from NE– DHHS*
4. Proof of Total Household Income  
*Pay stubs for last 30 days; OR Social Security 2020 Benefits Letter;  
OR, Unemployment letter, or NE-DHHS Economic Assistance/Medicaid eligibility letter*

## SIGN-UP LOCATIONS / TIMES / DATES THROUGH NOVEMBER 30, 2020

*Due to COVID-19, this year, please print and fill out your application at home, and drop it off on one of the locations at the dates / times listed below. If you do not have access to a printer, pre-printed applications will be available at the locations below. When you drop off your application you **MUST** bring verification information with you (listed above).*

**FIRST BAPTIST CHURCH OF BELLEVUE (Gym)** | Thursday, November 5 & Monday, November 9  
112 East 23rd Avenue | Bellevue, NE 68005  
**9:00AM - Noon (or) 3:00PM to 6:00PM (DO NOT CALL CHURCH for info)**

**BELLEVUE CHRISTIAN CENTER** | Saturday, November 14 | 1400 Harvell Drive | Bellevue, NE 68005  
**9:00AM to NOON (DO NOT CALL CHURCH for info)**

**BELLEVUE FOOD PANTRY (ENCAP)** | Monday, November 2 through Monday, November 30  
1908 Hancock Street | Bellevue, NE 68005  
**Mondays, Tuesdays, Wednesdays, Thursdays: 9:00AM to NOON & 1:00PM to 4:00PM**

**CITY OF BELLEVUE** | Monday, November 2 through Monday, November 30  
1500 Wall St. | Bellevue, NE 68005  
**Tuesdays & Thursdays: 10:00AM to 3:30PM | MUST CALL FIRST: (402) 682-6602**

**SARPY CO. HUMAN SERVICES** | Monday, November 2 through Monday, November 30  
Southeast Courthouse Annex | 1261 Golden Gate Drive, Suite 1E | Papillion, NE 68046  
**Mon., Tues., Wed., Thurs: 8:00AM to 11:30AM & 1:00PM to 4:00 PM | Call First (Sharon) - (402) 593-4414**

**Questions? Please contact Carmen Bradley**

1908 Hancock Street, Bellevue, NE 68005 | cbradley@encapomaha.org | 402-292-2961

Application forms and information are also available at: <https://bit.ly/3dx161P> or [encapnebraska.org](http://encapnebraska.org)

# SARPY COUNTY HOLIDAY ASSISTANCE APPLICATION

DATE: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDITIONAL ADULT IN THE HOUSEHOLD: \_\_\_\_\_  
(if applicable)

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## INFORMATION FOR EACH CHILD UNDER THE AGE OF 16 LIVING IN THE HOUSEHOLD

FIRST NAME (only)	AGE	GENDER	SIZE TOPS	SIZE PANTS	FAVORITE COLOR	INTERESTS / WISH LIST
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Have you applied for any other toy assistance program this year? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you applied for any Holiday food programs this year? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES to any of these questions please indicate the name of the program(s): \_\_\_\_\_

Special Circumstances:

# SARPY COUNTY HOLIDAY ASSISTANCE APPLICATION (page 2)

## INCOME

<b>SALARY / WAGES</b>	\$
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<b>ADC / TANF</b>	\$
<b>SNAP</b>	\$
<b>CHILD SUPPORT</b>	\$
<b>UNEMPLOYMENT</b>	\$
<b>SOCIAL SECURITY</b>	\$
<b>SSDI (Disability)</b>	\$
Other: _____	\$
Other: _____	\$
<b>TOTAL NET INCOME</b>	<b>\$</b>

## EXPENSES

<b>HOUSING</b>	\$
<b>ELECTRICITY</b>	\$
<b>GAS</b>	\$
<b>WATER</b>	\$
<b>FOOD (SNAP + Cash)</b>	\$
<b>CHILDCARE</b>	\$
<b>MEDICAL</b>	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>
<b>BALANCE</b>	\$

### RELEASE OF INFORMATION/ACKNOWLEDGEMENT OF UNDERSTANDING

I hereby authorize all participating agencies to disclose to any community group or agency information pertaining to myself and/or my family regarding holiday assistance. I agree that the information provided on this application is accurate and I understand that I will not be assisted if I have falsified any information. I also understand that the resources in my community that provide holiday assistance have a desire to reach as many families as possible. To help those resources meet that goal I will only apply for the program that meets my family's needs the best. Multiple applications, even from other organizations, could mean I may not be assisted.

By participating in the Holiday Assistance event, I understand that by attending the event, I will be entering an area where photography or video recording may occur. By entering the premises, I understand and consent to any photograph(s) or media taken of myself or my family being used with the understanding that these media may be used by event sponsors in publications, promotional materials, agency displays, various public media including without limit, newspaper and web. I understand that I will receive no compensation for the use of this photograph (s) and/or video(s). I understand that my name and phone number WILL NOT be used in conjunction with any of the aforementioned.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verified by (staff member):** \_\_\_\_\_ **Date:** \_\_\_\_\_

