

Christmas Across Maine



Deadline for applications: December 9, 2020

Christmas Across Maine is a confidential, needs-based program for currently serving Maine Military Members, their Families, and Gold Star Families. The program provides assistance for service members from all branches who live in Maine and are experiencing financial difficulties during the holiday season. All assistance is donated, therefore we can only support a limited number of requests. First priority will go to those who have not participated in the program previously. Some examples of the assistance provided are: presents for children, food baskets, and/or gift certificates for household needs.

Service Members will need to pick up gifts no later than Tuesday, December 22nd, 2020.

Sponsors will need to have gifts dropped off/picked up no later than December 16th, 2020.

*Gifts will not be wrapped (sponsors may choose to wrap gifts)

Eligible Participants: Any currently serving Maine Military member, their legal spouse and DEERs eligible dependents under the age of 18 with a demonstrated financial need. Please complete the financial needs section located on page 2. We will contact you if supporting documentation is required. Qualification for the program will be a family income at or below 175% of the federal poverty scale (located on page 2) and a consideration of any special financial circumstances. Service Members can register themselves, or unit leadership can provide nominations after informing the Service Member of their intentions.

Mail completed applications to:
Maine Military Family Assistance Center

State House Station #32

Augusta, ME 04333

Or via email: ng.me.mearng.list.me-mil-fac@mail.mil

Applications can also be turned in to the Service Member's unit command or delivered to the Family Readiness Specialist at the Brunswick AFRC, Camp Keyes, or the Bangor AFRC. (Please do not send via email unless properly encrypted)

Full name of Service Member _____ Rank: _____ Branch: _____

Unit: _____ Telephone: _____ Email Address: _____

Physical Address: _____ Town: _____ Zip Code: _____

Are you currently serving and living in Maine? _____

Please check box if you're a Single Service Member ☐ Closest Armory for Pickup: _____

Does your Family Celebrate a Holiday in lieu of Christmas? Please list: _____

Please list **first** name of:

DEERS eligible spouse: _____ DEERS eligible dependent #1: _____

DEERS eligible dependent #2: _____ DEERS eligible dependent #3: _____

DEERS eligible dependent #4: _____ DEERS eligible dependent #5: _____

| | | | | |
|---|-------------|--|--------------|--------------|
| NAME OF HEAD OF HOUSEHOLD | | PLACE OF EMPLOYMENT | | |
| STREET | CITY | STATE | ZIP | PHONE |
| PLEASE LIST SPOUSE AND DEPENDENTS UNDER AGE 18 | | | | |
| NAME | AGE | NAME | AGE | |
| SELF | | DEPENDENT #3 | | |
| SPOUSE | | DEPENDENT #4 | | |
| DEPENDENT #1 | | DEPENDENT #5 | | |
| DEPENDENT #2 | | Are there additional Dependents? _____ | | |
| Annual Household Income | | | | |
| Source | Self | Spouse | Other | Total |
| Gross wages, salary, tips, etc. | | | | |
| Income from business, self-employment, and dependents | | | | |
| Unemployment, Social Security, workers compensation, VA | | | | |
| Alimony, child support or other income sources | | | | |
| Total all income | | | | |

| Annual Income Thresholds and Percent Poverty | |
|--|------------|
| Poverty Level | 175% |
| Family Size | |
| 2 | 0-\$30,170 |
| 3 | 0-\$38,010 |
| 4 | 0-\$45,850 |
| 5 | 0-\$53,690 |
| 6 | 0-\$61,530 |
| 7 | 0-\$69,370 |
| 8 | 0-\$77,210 |
| For each additional person add | \$4,480 |

Family Details:

Please omit names from this portion of the application

Please describe current financial need including any special circumstances that impact your ability to provide Christmas gifts for your family **(required):**

Please note, when filling out this section be as specific as possible. For example; if asking for video games, specify what game system. Due to the fact that all gifts are donated, please try to keep gifts requested under \$50 each, unless the gift is for the entire family (example: gift certificate for oil). If requesting oil or propane, please include name of provider currently used.

Family Needs:

(Fill out ALL lines. Please do not leave yourself blank, Sponsors like to include EVERYONE, not doing so will delay the application from being processed)

Service Member

Age:_____ Gender:_____ Shirt Size:_____ Pant Size:_____ Shoe Size:_____ Favorite Color:_____

Needs:

Hobbies and Interest/wants:

Spouse (if applicable)

Age:_____ Gender:_____ Shirt Size:_____ Pant Size:_____ Shoe Size:_____ Favorite Color:_____

Needs:

Hobbies and Interest/wants:

Please omit names from this portion of the application

DEERS eligible dependent #1

Age:_____Gender:_____Shirt Size:_____Pant Size:_____Shoe Size:_____Favorite Color:_____

Needs:

Hobbies and Interest/wants:

DEERS eligible dependent #2

Age:_____Gender:_____Shirt Size:_____Pant Size:_____Shoe Size:_____Favorite Color:_____

Needs:

Hobbies and Interest/wants:

DEERS eligible dependent #3

Age:_____Gender:_____Shirt Size:_____Pant Size:_____Shoe Size:_____Favorite Color:_____

Needs:

Hobbies and Interest/wants:

DEERS eligible dependent #4

Age:_____Gender:_____Shirt Size:_____Pant Size:_____Shoe Size:_____Favorite Color:_____

Needs:

Hobbies and Interest/wants:

DEERS eligible dependent #5

Age:_____ Gender:_____ Shirt Size:_____ Pant Size:_____ Shoe Size:_____ Favorite Color:_____

Needs:

Hobbies and Interest/wants:



Additional Information:
