

# Christmas Across Maine



## **Deadline for applications: December 6, 2022**

**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 20th, 2022.**

**Sponsors will need to have gifts dropped off/picked up no later than December 16th, 2022.**

\*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@army.mil](mailto:ng.me.mearng.list.me-mil-fac@army.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, Bangor ARC, 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: Type text here \_\_\_\_\_ 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
<b>PLEASE LIST SPOUSE AND DEPENDENTS UNDER AGE 18</b>				
<b>NAME</b>	<b>AGE</b>	<b>NAME</b>	<b>AGE</b>	
SELF		DEPENDENT #3		
SPOUSE		DEPENDENT #4		
DEPENDENT #1		DEPENDENT #5		
DEPENDENT #2		Are there additional Dependents? _____		
<b>Annual Household Income</b>				
<b>Source</b>	<b>Self</b>	<b>Spouse</b>	<b>Other</b>	<b>Total</b>
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	
Federal Income Level	175%
Family Size	
2	0-\$30,485
3	0-\$38,430
4	0-\$46,378
5	0-\$54,320
6	0-\$62,265
7	0-\$70,210
8	0-\$78,155
For each additional person add	\$7,945

**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:**

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