



# Angels' Wings

... is the same community-driven Christmas Gift Program that has been sponsored by The Indiana Gazette since 1984. Our mission remains the same - that no one who qualifies should go without a Christmas gift. We've partnered with ICCAP to help provide a bit of joy and hope during the Christmas Season.

Dear Nurse or Guidance Counselor,

September 2019

The Angels' Wings Christmas Program, sponsored by The Indiana Gazette in cooperation with ICCAP, was initiated to allow community members an opportunity to provide toys and clothing to less fortunate children in our community. Through the years, we have established a fairly comprehensive list of individuals in need of an "Angel Tag".

We are always looking to increase our networking with the schools in Indiana County. If you would like to help a family (or families) apply for the program, we have enclosed an application that you may copy and provide to them. The applicant must provide ICCAP with the following in order to complete their registration process:

- Social Security card (*last 4 digits*) or birth certificate for each child
- valid photo ID (*PA Drivers License, PA Identification or passport*) for adults
- proof of household income and residency
- applicant's signature or parent/guardian's signature as well as a representative's signature.

Applications will be taken at ICCAP, 9:00am - 12:00pm and 1:00pm - 4:00pm

	Monday	Wednesday	Friday
September	16	18	20
September/Oct.	30	2	4
October	---	16	18
October/Nov	28	30	1*
November	4	6	8

\* Last day to apply for Stop the Cold Coat Program

If a family encounters an emergency after the above dates, please contact us.

Should you have any questions, feel free to call Linda Donnelly. You can also reach us by email at [angelswings@indianagazette.net](mailto:angelswings@indianagazette.net).

Thank you in advance for your assistance.  
Sincerely,

*Linda A. Donnelly*

Linda A. Donnelly  
Community Coordinator, "Angels' Wings"  
The Indiana Gazette  
724.388.3841

*Michelle Faught*

Michelle Faught  
Executive Director  
Indiana County Community Action Program  
724.465.2657

The Indiana Gazette



This program was developed to allow community members to provide clothing, gifts and toys to less fortunate children, those with special needs, and the elderly. The Gazette and its employees adopted the program in 1984. Ever since then The Gazette has sponsored 100% of the program's administrative expenses. That means every penny donated by our generous community goes directly to those in need. Your support helps many enjoy happier Holidays, and we thank you.



**Questions?**

ICCAP  
724.465.2657

Linda Donnelly  
724.388.3841

The Indiana Gazette  
Jen Williams, ext. 223  
724.465.5555

# Alpha



The Indiana Gazette

angelswings@indianagazette.net

**OFFICE USE ONLY**

AAF \_\_\_\_\_

Project Share \_\_\_\_\_

Approved \_\_\_\_\_

Special Note \_\_\_\_\_

Deliver \_\_\_\_\_

**1** Applicant must be a resident of Indiana County.

Primary Adult Applicant's Last Name	First Name		Last 4 Digits SSN
Photo ID Type (PA DL/ PA ID), Number	Primary Phone	Secondary Phone	Date of Birth/Age
Mailing Address	City		State/Zip
Secondary Adult Applicant's Last Name	First Name		Last 4 Digits SSN
Photo ID Type (PA DL/PA ID), Number	Phone Number		Date of Birth/Age
Other Adult in Household Last Name	First Name		Date of Birth/Age

Applicants must provide Social Security card, proof of residency & income, and signature in order to be processed.

**SOURCE OF INCOME**

Employer \_\_\_\_\_

Employer Amount (monthly net) \_\_\_\_\_

Unemployment Compensation \_\_\_\_\_

Worker's Compensation \_\_\_\_\_

Receive in Child Support \_\_\_\_\_

SSI/SSD: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Income: \_\_\_\_\_

Pension \_\_\_\_\_

Cash Public Assistance \_\_\_\_\_

Other \_\_\_\_\_

**2** Total Monthly Income \_\_\_\_\_

**INTERVIEWER:** Please place an "X" in each space so that we are sure you asked about it.

**Do you or any member of your household receive:**

Subsidized Housing/Section 8?  Yes  No

Energy Assistance?  Yes  No

Food Stamps?  Yes  No

WIC?  Yes  No

**Are you in need of assistance with any other service?**

Rent?  Yes  No

Energy Assistance?  Yes  No

Fuel?  Yes  No

Food?  Yes  No

Note: The income of ALL adults living in the household must be included.

**3** Total in Household \_\_\_\_\_  
(Must be filled in.)

Fill in sizes only if clothing is requested

Office Use Only Code	Applicant's Name (First, Middle and Last)	Sex	Age/Date of Birth	Last 4 Digits SSN	3 Wishes	Is there anything special about your child we should know for gift giving?	Tops Make 1 Choice ↓	Pants Make 1 Choice ↓	Shoes Make 1 Choice ↓	Winter Boots Make 1 Choice ↓	Fashion Boots Make 1 Choice ↓	Work Boots Make 1 Choice ↓
		<input type="checkbox"/> M <input type="checkbox"/> F			1. 2. 3.		Size: Shirt Hoodie T-Shirt PJs	Size: Jeans Elastic Waist Leggings Sports	Size: Sneakers Velcro Slip On	Size: Ankle Mid Calf Knee High Child	Size: Ankle Mid Calf Knee High	Size: Regular Steel Toe
		<input type="checkbox"/> M <input type="checkbox"/> F			1. 2. 3.		Size: Shirt Hoodie T-Shirt PJs	Size: Jeans Elastic Waist Leggings Sports	Size: Sneakers Velcro Slip On	Size: Ankle Mid Calf Knee High Child	Size: Ankle Mid Calf Knee High	Size: Regular Steel Toe
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**Our promise to you: if you are accepted into the Angels' Wings Program, your child/ren/individual will each receive a gift for Christmas.** I verify that the information I have provided is true and correct, and may be checked for accuracy by ICCAP. I hereby authorize the exchange of basic demographic information for myself or for members of my household with organizations and churches that have signed a confidentiality agreement with Project Share, the county data base on receiving Christmas assistance. I agree to allow ICCAP to provide my name & phone number to The Indiana Gazette so they may contact me for possible human-interest articles. This constitutes a general release for publicity. I understand that my privacy will be respected. I understand all gift preferences may not be filled. I will be pleased to receive any gift purchased. I further understand that ICCAP and The Indiana Gazette are not in any way responsible for what the applicant may or may not receive. **I understand that I may apply to only ONE county program for Christmas assistance.**

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application