CONFIDENTIA	_ FAMILY	CODE:
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2021 Holiday Staff Helping Hands Program Application

If you and your immediate	family need assistance to brighten up the hol	idays this year	we encourage you to apply below
(NOTE: All questions on this for	m must be answered and will be kept confidential)	☐ YES, I A	AM A CURRENT UCI EMPLOYEE
NAME:	DEPARTMENT:	CONFIDE	NTIAL PHONE
	usHospitalBothOther U		
For assistance completing th	he form, please contact Andrea Wiley 949-824-4706, or St	ephanie-Jean Hin	ojosa 949-824-4586
Please describe your family	& give a short explanation of why assistance i	s particularly	needed this year:
Note: assistance provided is for you	and your immediate family only (spouse + dependent chil	dren under age 18	s):
		1. 3 1. 3 1. 4 1. 3 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
			"I [
TYPE OF ASSISTANCE NEEDED:			
	SCHOOL SUPPLIES		Please submit this form
☐ FOOD	OTHER		no later than
			NOVEMBER 3, 2021
☐ GIFT CARDS	I WOULD ACCEPT USED ITEMS IN EXCELLENT	CONDITION:	via email to:
☐ GAS	☐ YES		HelpingHands@uci.edu
GROCERY	□NO		
☐ STORES			
☐ PREFERRED STORES:			

Depending on the number of applications received, we may not be able to match all applicants with a sponsor.

Priority will be given to new applicant families and those who have not received assistance within the past three years.

You will be notified by email, November 23, 2021 whether your request has been matched. Please check your email in-box that day.

CONFIDENTIAL	FAMILY CODE.	
COMMENTAL	I AIVIIL I CODE.	

MEMBER\$ OF IMMEDIATE_FAMILY: (Note: names will be replaced with codes prior to matching families with gifts)

CODE	NAME OF YOUR\$ELF, \$POU\$E, or DEPENDENT CHILD UNDER AGE 18:	M/F	AGE	Relationship to the applicant	\$HIRT \$IZE	PANT/\$KIRT \$IZE	\$HOE \$IZE	PREFERENCES (BRIEF NOTES)
_01	You							
_02								
_03								
_04								
_05								
_06								
_07								

FAMILY WISH LIST — Please let us know if there are any specific wishes or needs this year*:								



^{*}Not all items identified on the wish list will be fulfilled.