

Watertown Human, Social & Leisure Services
Social Services and the Food & Fuel Bank Division
61 Echo Lake Road, Watertown, CT 06795 860.945.5252

2020 Holiday “Secret Santa” Gift Donation Program



Important COVID-19 Notice

Due to the on-going COVID-19 worldwide pandemic, we are requesting you donate **Gift Cards** in lieu of actual gift items to the Watertown Social Services *Secret Santa* program.

This request is to minimize the risk of unnecessary exposure to our staff, volunteers, clients, and of course to you!

If you are not able to contribute gift cards, your monetary (check, money order, cash) donation is always appreciated. Your donation will be deposited into the town bank account and a Purchase Order will be generated for us to purchase gift cards.

Santa won't mind!
Please donate Gift Cards
to the address above.
Please donate by December 1st ~ Thank You!!

Watertown Human, Social & Leisure Services

Social Services Division

61 Echo Lake Road, Watertown, Connecticut 06795
Contact Number 860.945.5252 FAX 860.945.4734

2020 Holiday Program



COVID-19 Worldwide Pandemic – Everything is Different!

Read all parts of this application carefully. Note new dates and safety protocols.

The following program is for residents of Watertown-Oakville and their immediate family members residing in the same household. Sorry no extended families.

Due to the large amount of new applications being received, deadlines are being strictly enforced. Plan accordingly. These programs are provided through donations. Your friends and neighbors have given generously to make your holiday special.

Watertown Human, Social & Leisure Services
2020 Holiday Social Services Programs

Family Name(s): _____

Contact Numbers: _____

Email Address: _____

Family Code: _____

Protocols & Items Required:

- ✓ Due to the COVID-19 Worldwide pandemic, I understand I will wear a face mask/shield, practice social distancing and proper hand sanitizing. I will not go into public if I, or any member of my family is ill or has tested positive for COVID-19.
- ✓ I understand that my Thanksgiving and/or Christmas Holiday Food "Basket" may consist of a food voucher, gift card, or actual food items and understand I will likely be responsible to shop for my own items.
- ✓ I understand that due to the COVID-19 Worldwide pandemic, the gift portion of our program has been suspended. In place, I will receive gift cards to purchase my child's gifts. I assume all responsibility to shop for my child's Christmas presents.
- ✓ I have filed out 1 application for each of my children.
- ✓ Multiple family members need to be kept together.
- ✓ REQUIRED- Photo ID of Client & anyone over the age of 18 included in application.
- ✓ REQUIRED- Birth Certificates for all children ages 18 and under.
- ✓ REQUIRED- Proof of Residency.
- ✓ REQUIRED- Current monthly Bank Statement including Credit Unions and any other income.
- ✓ REQUIRED- Current Utility Bill with client's name and address.
- ✓ In signing this application, I attest that all information is factual, accurate and correct. I understand that falsifying information can cause suspension of services, and potentially all information can/will be turned over to the Watertown Police.
- ✓ Happy Holidays from the employees and volunteers of the Human, Social & Leisure Department

IMPORTANT DEADLINES:

Thanksgiving – Application Form due Monday, November 02, 2020

Pick-Up on Tuesday, November 17, 2020

Christmas – Applications Forms due Monday, November 16, 2020

Pick-Up on Tuesday, December 08, 2020

I have read and understand the above, I have been given ample opportunity to ask questions:

Signature: _____ Date: _____

Watertown Human, Social & Leisure Services
Social Services

61 Echo Lake Road, Watertown, CT 06795

860.945.5252

2020 Thanksgiving Assistance

RETURN THIS FORM BY: Monday, November 02, 2020

PICK-UP DATE: Pick-Up on Tuesday, November 17, 2020 from 12:00 - 1:30 PM OR 5:00 - 6:00 PM.

LOCATION: The Olde Pin Shop, 20 Main Street, Oakville Building 8, Rear to the left of Food Bank.

Family Name(s): _____

Head of Households Full Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Total Adults: _____ Total Children: _____

Address: _____

Town: _____ Zip Code: _____

Contact Numbers: _____

Email Address: _____

Allergies : _____

Is there anything we should be aware of?

Store Preference: Adam's Home Town Grocery; LaBonne's Market; Stop & Shop; Watertown Meat Center

My First Choice: _____ My Second Choice: _____

My Third Choice: _____ My Forth Choice: _____

Return this application to the above address no later than Monday, November 02, 2020

Signature: _____ Date: _____

Office Use Only - Do NOT write below this area.

Information Verified _____

Processed/Filled _____

FAMILY CODE: _____

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2020 Christmas Food Assistance

RETURN THIS FORM BY: Return this application no later than Monday, November 16, 2020

PICK-UP DATE: Pick-Up on Tuesday, December 08, 2020 from 12:00 - 1:30 PM OR 5:00 - 6:00 PM.

LOCATION: The Olde Pin Shop, 20 Main Street, Oakville. Building 8, Rear to the left of Food Bank.

DISCLAIMER: Due to COVID-19 your food & gifts are most likely in the form of Gift Cards and possibly some items. We have moved the pick-up date one week earlier allowing you ample time to shop.

Family Name(s): _____

Head of Households Full Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Total Adults: _____ Total Children: _____

Address: _____

Town: _____ Zip Code: _____

Contact Numbers: _____

Email Address: _____

Allergies : _____

Is there anything we should be aware of?

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2020 Secret Santa

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LOCATION: The Olde Pin Shop, 20 Main Street, Oakville. Building 8, in Rear to the left of Food Bank.

READ THIS NOTICE: Do **NOT** bring your kid(s) with you to pick-up their Christmas presents (*gift cards*), Santa wants your child to be surprised!

One Sheet Per Child – Birth to 18 Years of Age

Family Name(s): _____

Child's Full Name: _____

Parent/Guardian's Name: _____

Age: _____ Date of Birth: _____ Gender (circle one): M F

Address: _____

Town: _____ Zip Code: _____

Contact Numbers: _____

Email Address: _____

School: _____ Grade: _____ Teacher: _____

Is there anything we should be aware of?

Gift Cards Preference - Write out the Store, Product or Company Name- Do Not List Amounts:

First Choice: _____

Second Choice: _____

Third Choice: _____

Other: _____

Return this application to the above address no later than Monday, November 16, 2020

** This program is for immediate family only. Sorry, no grandchildren, nieces, nephews, friends of the family, kids in the neighborhood, etc.*

Signature: _____ Date: _____

Office Use Only - Do NOT write below this area.

Information Verified _____ Total Number of Envelopes _____

Processed/Filled _____

FAMILY CODE: _____

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