



# SAUK PRAIRIE AREA 19th ANNUAL CARING TREE PROGRAM

A "Community with a heart," bringing  
Holiday Happiness to our local children.

## QUALIFICATIONS:

- Children 18 years of age and under
- Registered in Sauk Prairie School District
- Qualify financially ( Low Income or Federal Poverty Guidelines )

**Applications available at:**

**St. Vincent de Paul Community Resource Center  
1906 North Street, Prairie du Sac, WI**

**Or at**

**St. Vincent de Paul Community Store  
815 19th. Street, Prairie du Sac, WI**

*(Applications will not be mailed out !)*

Applications should be filled out and returned on or by:

**NOVEMBER 6, 2017**

If you have any questions regarding eligibility

**Call 644-0504—Ex. 10**

**or 643-8905—Ex 10**

Family Number \_\_\_\_\_

August 17, 2017

Dear Caring Tree Participant:

This registration packet contains your Caring Tree application along with the financial information required to process your application.

As in previous years we require all information to be printed and be sure to fill in each and every line. Information on applications not filled in will void your application. Last year we received over 185 applications and the program reached out to over 750 people, therefore we do not have time to return applications or call for missing information.

In order to be eligible for this program, children and/or teens must be **REGISTERED OR HOME SCHOOLED and living within the Sauk Prairie School District for the last three (3) months.** A light bill, rental lease, payroll stub or other form of identification may be required to verify the guideline requirement.

Letters will be mailed to the address on this application with pickup times, date and location the week before it is scheduled. If you move within the Sauk Prairie community after you submit this application please be sure to notify us at the numbers below. Please note : If you move **out** of the Sauk Prairie School district before gift distribution, your application will become null and void. **Letters returned by the Post Office will not be resent – postage is expensive and the program is run with limited donations.**

Please return this application **on** or **before** November 6th to:

Sauk Prairie Area Caring Tree  
C/o St. Vincent de Paul Resource Center  
1906 North Street  
Prairie du Sac, Wisconsin 53578

Please be prompt in returning your Caring Tree application on or before the deadline to ensure that your child's gift request will be selected. If you have further questions please Call Sandy at 644-0504 Ext. 10 or Denise at 643-8905 Ext. 10.

Thank you,

The Caring Tree Committee

FAMILY No. \_\_\_\_\_

**SAUK PRAIRIE CARING TREE**  
**SCHOOL VERIFICATION FORM**

**STUDENT NAME:** \_\_\_\_\_

**PARENT(S) or GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

The Sauk Prairie Caring Tree would like verification that above named student is in the Sauk Prairie school system. If you are the teacher of this student could you please sign and date this form. Thank You.

**Teacher Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Parent(s) or Guardian – If you were given one of these slips, then it must be signed by the teacher of your child and returned to Sandy at the St. Vincent de Paul Resource Center, otherwise your application will not be accepted.)

FAMILY No. \_\_\_\_\_

**SAUK PRAIRIE CARING TREE**  
**SCHOOL VERIFICATION FORM**

**STUDENT NAME:** \_\_\_\_\_

**PARENT(S) or GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

The Sauk Prairie Caring Tree would like verification that above named student is in the Sauk Prairie school system. If you are the teacher of this student could you please sign and date this form. Thank You.

**Teacher Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Parent(s) or Guardian – If you were given one of these slips, then it must be signed by the teacher of your child and returned to Sandy at the St. Vincent de Paul Resource Center, otherwise your application will not be accepted.)

## Sauk Prairie Caring Tree Application 2017

**(All information is CONFIDENTIAL.)** Please be sure your address is correct, as the week before the December pick up date, a letter with your family number will be sent to the address listed on this application. You must complete every blank in order for the application to be processed. **Applications not filled out correctly or missing information will not be processed.**

PARENT or LEGAL GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

**Applicant:** You must list all adults living with you at residence listed on this application, starting with yourself. List only the children that you are parent or guardian of and that live with you at the residence listed on this application. In a joint custody situation, ONLY ONE PARENT can file an application for the Caring Tree. If there is a duplicate application for the same children, both applications will be rejected. In order to be eligible for this program, children must be REGISTERED OR HOME SCHOOLED and LIVING within the Sauk Prairie District for the past 3 months. **Please Note:** If you move out of the Sauk Prairie School District before distribution, your application will become null and void.

Full Name (print)	Age	M/F	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Type:     Two Parent or Two Adult Household     Single Parent Household     Teen Parent living w/ parent  
 Foster Family     other (specify) \_\_\_\_\_

Please check any of the following services or source of income your family receives:

- Employment     Energy Assistance     Food Stamps     Medicare / Medicaid / MA     SSI     Public Housing Assistance  
 EPSDT / Badger Care     Foster Care     Unemployment     WIC     W2     Food Pantry     Child Support / Alimony  
 Other (specify) \_\_\_\_\_

Please list Household Members Income: (INCOME VERIFICATION MAY BE REQUIRED)

Name of Wage Earner	Monthly Income	Annual Income	Source of Income: (Wages, W2, Child Support, SSI, etc.)

Total Household Income: \$ \_\_\_\_\_ Number of Adults in Household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_

**MONTHLY FAMILY EXPENSES**

Rent/Mortgage _____	Day Care _____	Vehicle Gas _____
Electric/Gas _____	Medical/Dental _____	Vehicle Payment _____
Phone/Cell Phone _____	Car Insurance _____	Fuel/Heat _____
Groceries _____	Cable/Internet _____	Credit Card Payment _____
Other _____		

List Vehicles you have 1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_  
(Year & Model) (Year & Model) (Year & Model)

*I hereby certify that I have completed this application truthfully and correctly. I also give my permission to verify this information with any necessary sources.*

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

If you have any questions in regard to your application, call (608) 644-0504 - ext. 10 or (608) 643-8905 ext. 10 between the hours of 9 am – 4 pm, Monday through Thursday.

**OFFICE USE ONLY**

Verification by Caring Tree Member: \_\_\_\_\_

The Sauk Prairie Caring Tree Committee does not discriminate against participants based on Religion, Race, Color or Marital Status.

INCOME ELIGIBLE: YES \_\_\_\_\_ NO \_\_\_\_\_ INITIALS \_\_\_\_\_