

Dear Fellow Employee:

It's the most wonderful time of the year – time to plan for our long standing holiday assistance program!

Please review the following guidelines for this year's program as adjustments are made due to COVID infection control concerns:

1. Only WVU Medicine Ruby Memorial employees are eligible for assistance (which includes Fairmont Campus). Employment will be verified.
2. Assistance will only be arranged for your benefit eligible dependents AGE BIRTH TO 13 YEARS AT TIME OF APPLICATION. Dependents will be verified with Human Resources.
3. ONLY COMPLETED applications will be accepted. Please make sure all the requested data is included and the form is signed. Incomplete forms will not be reviewed and no phone reminders will occur. NO APPLICATIONS will be accepted for any reason after the due date. Applicants not assigned for sponsorship will be notified by phone. If you do not receive a call, rest assured your child/children has been matched with a sponsor 😊
4. Accurate phone numbers on the application are **NECESSARY**, as contact will be needed.
5. A monetary amount set is \$175.00 - \$200.00 per child. Please make sure your child's wish list includes both needed items and wish list items. The more detailed information you provide, the easier and more accurate shopping experience for your sponsor. Example: if you child would like a video game, please list the name of game, bedding size, clothing taste and sizes, book titles or at least type of reading enjoyed.
6. Please complete a separate wish list for each child.
7. While every effort will be made to provide holiday assistance, acceptance of this application is not a guarantee of assistance. Again, if your child cannot be sponsored, you WILL be notified by phone.
8. PICK UP DATES FOR ITEMS ARE DECEMBER 8<sup>TH</sup> & DECEMBER 9<sup>TH</sup> ONLY. YOU WILL BE CONTACTED WITH LOCATION AND TIMES.

All information will be held in the strictest of confidence. This application is accepted in the spirit of trust that all information provided is a true reflection of your need for assistance.

Sincerely,

Rebecca Kilgus  
Coordinator, Care Management

Please complete the following and return to Care Management no later than November 1, 2021. Every effort will be made to have your child/children sponsored. If you do not receive a phone call, be confident your family has been matched with a sponsor. Due to COVID restrictions, you will be contacted to pick up your items on December 8 or December 9, 2021 only. NO EARLIER OR LATER ARRANGEMENTS WILL BE ABLE TO BE ACCOMODATED.

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

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Can we call you at work? \_\_\_\_\_

Hospital Department: \_\_\_\_\_

NUMBER OF CHILDREN APPLYING FOR (birth to 13 yrs. old): \_\_\_\_\_

**PROOF OF INCOME & EXPENSES:**

Please submit copy of 1 pay stub for you, your spouse, and any additional income (if applicable). Originals will not be returned. Incomplete applications will not be reviewed.

Net monthly income:

YOU: \_\_\_\_\_/mo.

SPOUSE: \_\_\_\_\_/mo.

OTHER INCOME: \_\_\_\_\_/mo.

Monthly Expenses:

Child Care: \_\_\_\_\_ Phone: \_\_\_\_\_ Gas: \_\_\_\_\_

Child Support: \_\_\_\_\_ Housing: \_\_\_\_\_ Car: \_\_\_\_\_

Utilities: \_\_\_\_\_ Car Ins.: \_\_\_\_\_

Add 'l expenses: \_\_\_\_\_

I certify that the information provided is accurate to the best of my ability. Any false information may result in denial of benefit.

Signature-

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**Please be very detailed and specific as possible to ensure successful shopping by sponsor!**

Child's FIRST NAME ONLY: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## **WISH LIST**

### **Clothing Items (please include sizes)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **Footwear / Outerwear (please include sizes)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Games and toys**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **School Items**

1. \_\_\_\_\_
2. \_\_\_\_\_

### **Other Items**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

