



## PROJECT JOY 2018

Please fill out the attached form (front & back) and return it to the Department of Social Services. The Project Joy "store" will be open December 8 & 9 at the Old Sanctuary. You will be sent information regarding your scheduled appointment one week prior to the store opening. Project Joy is only for families with a permanent address in Brookings County. Only children (birth to 18) living in your home full-time are eligible to receive gifts. Any attempt to add children not living with you full-time, will result in removal from the program. You will need to sign a release of information (attached) so that we may verify information provided if needed.

Children between birth and 12 years will receive items from the "store" and children between 13 and 18 years of age will receive a gift card (amount to be determined based on donations).

The cost is \$2.00 per child. The maximum amount is \$10.00 per family. Please provide the correct change in the attached envelope or consider the remainder a donation. The secretaries will not have the ability to make change.

Your payment must be received at the time your form is turned in!

Application and consent forms must be completed in their entirety.

If you have questions regarding Project Joy, please call  
Julie Wermers at 697-6106.

Please return completed form with money in the attached envelope by  
NOVEMBER 16, 2018 to:

Department of Social Service  
1310 S Main  
Brookings, SD 57006

**(\*\*in the box at the secretaries desk\*\*)**

Forms received after the November 16, 2018 deadline will be placed on a waiting list.



**For Administrative Use Only: 2018**

Family ID:# \_\_\_\_\_ Child ID # \_\_\_\_\_ thru \_\_\_\_\_

Amt. PD \$ \_\_\_\_\_  Cash  Check

You **MUST** provide your address and phone number. If your address or phone number change from the time you turn in the form please call to update the information.

Parent's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list all children (even those between 13-18 years) so we can determine the number of gift cards needed.

For admin. use only	Child's First Name	Child's Last Name	Birthdate (M/D/YR)	Gender (M/F)	Name of School Your Child Attends Homeroom Teacher & Grade (leave blank if not school age)
ID#					
ID#					
ID#					
ID#					
ID#					
ID#					
ID#					

On occasion we have groups, organizations, and families reach out to Project Joy to inquire about sponsoring a family for Christmas. If given the opportunity, is this something you would be interested, with the understanding that you would choose between Project Joy and being sponsored.

YES, please consider my family for sponsorship  NO, I do not wish to be considered for sponsorship

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**This program is not run by or associated with the Department of Social Services.** This form will be turned over to the Project Joy Committee. By signing this form you are releasing your name to the Project Joy committee.

**AUTHORIZATION FOR RECORDS RELEASE**

I hereby authorize the mutual exchange of information pertaining to the verification of my contact information (name, address, phone number, number of children living in my home and under my care), including my children's names, dates of birth, eligibility or enrollment in services with:

**The Project Joy Program  
Brookings, South Dakota**

**AND**

**Brookings School District, Sioux Valley School District, Elkton School District, Estelline School District, Women's Infants and Children Program, Department of Social Services, SD Housing Authority, Head Start Program, Early Head Start Program, Birth to Three**

**Namely:**

**Parent First and Last Name(s) and Date of Birth**

\_\_\_\_\_

**Children's First and Last Name(s) and Date of Birth**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Julie Wermers  
Project Joy Co Chair**

The extent or nature of the information to be disclosed is to determine eligibility for Project Joy and includes: Contact information for listed parent/guardian for above name children; eligibility and enrollment or participation with listed service providers named above for both children and parent/guardian. This consent expires upon December 31<sup>st</sup> 2018 and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon.

\*\*\*\*\*

I have read the above Authorization for Records Release and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this consent. I hereby release and discharge The Project Joy Program from all claims of every nature arising from the disclosure of information pursuant to this authorization. A photocopy of this release shall be as valid as the original.

\_\_\_\_\_  
Signature of above named person Date

\_\_\_\_\_  
Signature of Parent/Guardian/Legal Representative Date  
(If above named person is under age 18)