



PROJECT JOY 2015

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 12 & 13 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 the 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.

The cost is \$2.00 per child. The maximum amount is \$10.00 per family. Please provide the correct change in the envelope attached 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!

If you have questions regarding Project Joy, please call
Julie Wermers at 697-6106 or Cara Beers 690-9141.

Please return form with your money in the attached envelope by
November 25, 2015 to:

Department of Social Service
1310 S Main
Brookings, SD 57006

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

Forms received after the November 25, 2015 deadline will be placed on a waiting list.



For Administrative Use Only: Date Received _____

Family ID:# _____ Child ID # _____ thru _____

Amt. PD \$ _____ Cash Check # _____

You **MUST** provide your address and phone number in case we need to get a hold of you. If your address or phone number change from the time you turn in the form please call and make sure we have the corrections.

Name: _____

Telephone Number: _____

Address: _____

City: _____

Please list all children (even those between 13-18 years) so we can determine how many gift cards we need.
PLEASE PUT ACCURATE CLOTHING SIZES DOWN FOR ALL CHILDREN AS EACH CHILD WILL RECEIVE AN OUTFIT

Child/Children's Name	Birthdate (M/D/YR)	Gender (M/F)	Child's wish list (What does your child like to play with?)	Shirt Size (infant/toddler/preschool/Jr./adult)	Pant Size (infant/toddler/preschool/Jr./adult)
ID # _____					
ID # _____					
ID # _____					
ID # _____					
ID # _____					
ID # _____					
ID # _____					

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, Womens 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 and Cara Beers
Project Joy Co Chairs**

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 31st 2015 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)