



RACINE KENOSHA COMMUNITY ACTION AGENCY, INC.
2113 N. Wisconsin Street, Racine, WI 53402 (262-637-8377)

HOLIDAY BASKET 2020

PLEASE PRINT TO BE FILLED OUT BY STAFF ONLY!

Date Applied _____ () Check if Spanish is the only language spoken
 Parent Name _____ Age _____ Phone _____
 Address _____ Zip _____ Apt. _____

Housing: _____ Own _____ Rent _____ Homeless _____ Other _____

Race: (Check more than one if applicable)
 _____ African American _____ Caucasian _____ Hispanic _____ Native American _____ Asian American

Other: (please specify) _____

(For adults 24 years or older only)
 Education Level: 0 – 8 _____ 9-12 /Non-Graduate _____ High School Graduate / GED _____ 12+Some Post-Secondary _____ 2 or 4 years College Graduate _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed
 Veteran: Yes No _____ Health Insurance: Yes No _____

List all members in the household, age, and sex _____ Family Size _____

Family Type: _____ Single Parent Female _____ Single Parent Male _____ Two Parent Household _____ Two adults NO children _____ Other _____

Name _____	Age _____	Sex _____	Sizes _____	Disabled Individual? Yes	No
Name _____	Age _____	Sex _____	Sizes _____	Disabled Individual? Yes	No
Name _____	Age _____	Sex _____	Sizes _____	Disabled Individual? Yes	No
Name _____	Age _____	Sex _____	Sizes _____	Disabled Individual? Yes	No
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Name _____	Age _____	Sex _____	Sizes _____	Disabled Individual? Yes	No
Name _____	Age _____	Sex _____	Sizes _____	Disabled Individual? Yes	No

RKCAA, Inc. will be using poverty guidelines to determine eligible applicants.

INCOME ELIGIBILITY STANDARDS:

a. Household Size:	1	2	3	4	5	6	7	8	9	10	11	12
b. Current Gross Monthly Income	\$3,190	\$4,310	\$5,430	\$6,550	\$7,670	\$8,790	\$9,910	\$11,030	\$12,150	\$13,270	\$14,390	\$15,510

For each person over household size of twelve (12) add: \$1,063 per person per month.

Income Sources: There may be more than 1 income source.

____ SSI ____ SS ____ W-2 ____ EFT ____ EPT ____ UE ____ CS ____ O ____ N Total: _____

SSI=Supplemental Security Income, SS= Social Security, W-2= Wisconsin Works, EFT= Employed Full Time, EPT= Employed Part Time, UE= Receiving Unemployment Compensation, CS= Receiving Child Support, O= Other, N= None (No Income)

I certify the above information is true and correct to the best of my knowledge. My signature also certifies my household income does not exceed the Wisconsin Department of Health and Social Services Income limits for participation in this program. Household income includes, but is not limited to; all wages, pensions, Social Security, Supplemental Security Income, Railroad Retirement, income from rented or leased property, interest or dividends from savings, certificates of deposit, stocks, bonds, and income from all other sources.

_____ I received information about child support services.

Signature _____ Date _____

RKCAA worker completing application _____

FILLING OUT THIS APPLICATION DOES NOT GUARANTEE THAT YOU WILL RECEIVE A HOLIDAY BASKET. DUE TO THE ECONOMY, HOLIDAY BASKETS WILL BE LIMITED. YOU WILL BE NOTIFIED BY MAIL OR PHONE IF YOU ARE RECEIVING A HOLIDAY BASKET.