



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

## HOLIDAY BASKET 2021

### TO BE FILLED OUT BY STAFF ONLY!

Date Applied \_\_\_\_\_ ( ) Check if Spanish is the only language spoken

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Housing: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Families in transition \_\_\_\_\_ 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
Is less than:												

**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.**