## Spirit of Giving, Inc.

## Nomination Form

The Spirit of Giving was established as a not-for-profit charitable organization with its primary mission of aiding families within the City of Meriden who need a Helping Hand, and supporting families who have experienced a tragic loss. The committee accepts nominations throughout the year and interviews each family directly.

Determination of need includes but is not limited to: validation that the family is acting responsibly and legally within the community and that the adult(s) are taking care of the home and children to the best of their ability (i.e., medical

Determination of need includes but is not limited to: validation that the family is acting responsibly and legally within the community and that the adult(s) are taking care of the home and children to the best of their ability (i.e., medical care, education, etc.). Each family has the right to refuse any and all aid and assistance and all information contained on the nomination and gathered through the interview remains confidential.

Mail nomination to: Spirit of Giving, Attn. Louisa McLeish 450 West Main Street, Meriden, CT 06451 or via email to

louisa.mcleish@hhchealth.org

Name of Individual Submitting	g Nomination:		
Relationship to Nominee:	-		
Your Contact Info: PH:	Cell:		
Adult Names of Family Being I	Nominated:		
First: L English Speaking: OY ON	Last:		
First: L English Speaking: OYON	Last:		
Child(ren's) Names of Family (list all names you are familiar wi		all family members if not know	vn):
Name:Name:Name:Name:		Gender: OMOF AG Gender: OMOF AG	E: m/y E: m/y
Residence Address of Family:		APT/FLR:	
Contact Phone Numbers: Name:_		Phone:	
Summary of Circumstances that a	re the Basis for your Nominat	ti <b>on:</b> (attach additional page/inf	o if necessary):