



NH Foster & Adoptive
Parent Association

Winter Clothing Gift Card Application

The mission of the New Hampshire Foster & Adoptive Parent Association (NHFAPA) is to support foster and adoptive parents, kinship, family and relative caregivers, and remain a consistent strong voice on behalf of all children.

Eligibility and Application Guidelines

Fully completed applications and any questions should be submitted to the attention of the **Grants Committee**:

- nhfapaed@gmail.com or
- 9 Webster Street, Nashua, NH 03064

Electronic applications should be filled out electronically and attached to an email sent to nhfapaed@gmail.com. Do not send photos of the application from your phone or embed a picture of the application – simply attach the updated file to your email as a word document or PDF.

Note: NHFAPA reserves the right to request additional information if necessary.

How may funds be used? Funds may be used for Winter Clothing at Hubert's Family Outfitters. The value of each gift card is \$300.

Application Period - Applications may be submitted anytime throughout the year but specific funds may have individual deadlines and decisions are based on availability.

Decisions - There are only a limited number of gift cards and grants are awarded on a first come first serve basis.



NH Foster & Adoptive
Parent Association

Winter Clothing Gift Card Application

Please complete both pages/sides.

Date: _____

Child's first name and last initial only: _____

Date of Birth: _____ Age: _____

Caregiver Name: _____

Caregiver's relationship to child:

Foster Parent Adoptive Parent Relative Caregiver Other

Mailing Address:

*Phone(s):

*Email:

Caseworker/Case Manager

Please include name, agency, and contact information:

After receiving gift cards, I understand that I **must submit all receipts** from related purchases using gift cards. Receipts can be submitted via <https://www.nhfapa.org/forms/receipts>

I attest that all information provided in this application is accurate and true. Must be signed electronically by caregiver.

Signature

Date

Return completed applications with documentation to: nhfapaed@gmail.com.

NHFAPA