



What is the Box Project?

The Box Project is a simple model: connecting sponsoring families across the United States with families in rural poverty, especially in the Mississippi Delta. Social service agencies in the rural areas identify recipients needing sponsor assistance. The Box Project connects sponsors with recipient families allowing the sponsor and recipient families to develop a relationship naturally. The sponsor offers friendship and encouragement along with sending a box of basic-need items about once a month. The recipient returns the friendship by writing letters or communicating by a mutually agreed method to express gratitude and sharing about their family. By communicating on a regular basis, a relationship is developed offering encouragement and enrichment to the members of the families matched. The Box Project remains available to help with questions or concerns that may arise in the relationship between sponsor and recipient families. To learn more about the Box Project please visit: <https://boxproject.org/>

RETURN APPLICATION TO YOUR LOCAL REFERRAL AGENCY FOR FINAL REVIEW

**APPLICANT DO NOT MAIL DIRECTLY TO THE BOX PROJECT
OFFICE**

The Box Project

A program of the Community Foundation of Northwest Mississippi

315 Loshier St., Suite 100, Hernando, MS 38632

Telephone: 800.268.9928

Hours: Monday-Friday 2pm to 5pm

www.boxproject.org – director@boxproject.org

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ID# _____

Date _____

THE BOX PROJECT

RECIPIENT APPLICATION

____ New Application ____ Re-Applying

Last Name of Family:		Phone #: ()	
Address:	City:	County:	
	State:	Zip:	
Mailing Address (If different from street):			

PLEASE PROVIDE AT LEAST ONE CONTACT WITH A WORKING PHONE SO WE CAN REACH YOU IF NECESSARY

Name of nearest neighbor: _____ Phone #: (____) _____

Name of nearest relative : _____ Phone #: (____) _____ Do you have a computer available to you? [] Yes [] No Email address: _____

PLEASE PROVIDE INFORMATION ABOUT ALL THE PEOPLE LIVING WITH YOU!

Your sponsor only agrees to help the people listed on this Family Information Form.

Please do not ask your sponsor to send items for other family members, friends, or anyone not listed on this form.

Is anyone in your family pregnant? _____ If so, who? _____ Baby's Due Date? _____
 Gender? _____ **Please notify The Box Project when baby arrives.*

FAMILY MEMBERS	SEX/RACE/AGE/BIRTHDATE				EDUCATION	CLOTHING SIZES				
	FIRST NAMES (Last Name if Different)	M/F	Race	AGE	BIRTHDATE	GRADE LEVEL	PANT	SHIRT	DRESS	SHOE
1.										
Applicant/Head of Family					Additional Info:					
2.										
Relationship to Applicant:					Additional Info:					
3.										
Relationship to Applicant:					Additional Info:					
4.										
Relationship to Applicant:					Additional Info:					
5.										
Relationship to Applicant:					Additional Info:					
6.										
Relationship to Applicant:					Additional Info:					

Please add additional members on separate sheet and attach.

*I understand if I have **not** been matched with a sponsor family after **one year** from this application's date, I will be responsible for reapplying with a local agency for a new referral to The Box Project.*

_____ Initial

Applicant Family Name: _____

PLEASE ANSWER THE QUESTIONS BELOW: **This information will be shared with potential sponsors to help make the best match between families.** If you need more space to answer questions, please attach a separate sheet.

1. What do you expect from your relationship with a sponsor? _____

2. Who will be able to write and mail letters for your family? _____

3. What do you expect your life to be like in five years? _____

4. How do you give back to your community? OR Tell about a significant volunteer experience you had.
Include details regarding what you valued or learned from this experience _____

Applicant Family Name: _____

This information will be shared with sponsors/potential sponsors to help make the best match between families.

Have you ever had a sponsor from The Box Project? [] Yes [] No

If yes; what was the sponsor's name? _____

How long has it been since you have heard from the sponsor? _____

Are there any large stores near where you live? (Check all that are near you)

- Wal-Mart
- Kroger
- Dollar General
- Other

What is the name of your grocery store? _____

What kind of house do you live in?

- Brick
- Wood
- Trailer
- Apartment
- Other: _____

Own/Rent? **Own** **Rent** **Buy**

Check the boxes of the items you have:

Do these items work? Circle "Yes for items that are working and "No" for the items not working.

- Stove Yes No
- Central Heat Yes No
- Indoor Plumbing Yes No
- Dryer Yes No
- Refrigerator Yes No
- Air Conditioning Yes No
- Hot Water Heater Yes No
- Phone Yes No
- Microwave Yes No
- Electric Lights Yes No
- Washing Machine Yes No
- Television Yes No

Utilities: Check the boxes if you have in your home.

- Gas
- Electric
- Propane
- Water

How many bedrooms does your home have? _____ How many people live in your home? _____

How many beds? _____ What are the sizes? _____

Does anyone in your family have a vehicle? [] Yes [] No

If yes, how many vehicles _____ ;Year _____ Make _____ Model _____ \

If you have children in school, please list where they attend: _____

Is anyone in the family enrolled in college/trade school? _____

If yes, where are they enrolled: _____

Do you own any pets? _____ If yes, what kind? _____

Character Reference Request

Applicant Name: _____ is applying to participate in The Box Project, a program of the Community Foundation of Northwest Mississippi.

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Reference Name: _____ Title: _____

Organization (if applicable): _____

Phone: _____

Email: _____

1. What is your relationship with the applicant?

Mailing Address:

Please answer the following questions to the best of your knowledge and return your response to the applicant to be submitted with application for consideration to participate in the program. (If you need more, please attach a separate sheet.)

1. How long have you known the applicant?

2. How do you think the applicant will benefit from The Box Project?

3. Other Comments:

I acknowledge that the information provided here is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

YOU MUST COMPLETE ALL OF THE QUESTIONS IN THIS SECTION OR THE FORM WILL BE RETURNED TO

YOU MONTHLY EXPENSES /BILLS

Mortgage/Rent amount? \$ _____ Insurance? \$ _____ Gas? \$ _____

Electric? \$ _____ Phone? \$ _____ Grocery? \$ _____ Other? \$ _____

What sources of income do you receive per month for your family unit? (Fill in the boxes)

TYPE	YES	NO	AMOUNT	TYPE	YES	NO	AMOUNT
SNAP				Child support			
TANF				Other Income (explain)			
Child Care Assistance				Utility assistance			
Social Security-Retirement				Rent assistance			
Social Security -Disability				School Lunch Program			
Social Security-Survivors				SCHIP State Children's Ins. Plan			
SSI Supplemental Security Income				Medicaid			
Employment				WIC			
Unemployment							
Pension				Total Monthly Income			

****Please provide proof of Income**

WHAT IS YOUR FAMILY'S EXPECTED ANNUAL **INCOME** \$ _____ (Total Monthly Income X 12 months)

Will the amount of income reported above stay about the same? [] Yes [] No

If no, explain _____

Who in your family is working? _____

What kind of work do they do? _____

Who is unemployed? _____

Who is seeking employment? _____

Who in your family **not** participating in SNAP? _____ Why

are they not participating in SNAP? _____ Who is

participating in TANF? _____

Are you or anyone in the family mentally or physically ill, incapacitated, disable or blind? [] Yes [] No If yes, please provide the following information:

Name: _____ Medical Problem (describe): _____

Please circle if this person has applied or been approved for the following: SSI Social Security Benefits (RSDI) VA Benefits Name

: _____ Medical Problem (describe): _____

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*****Please provide a copy of disability income form for each person on disability.***

Information provided on this page will be kept confidential. This information is required for qualifying and statistical purposes. You have the option of providing us permission to share your financial information with your sponsor family to help them better assist you. This is not a requirement and it will not affect your approval.

I authorize my financial information to be shared with my sponsor at their request!

I do not authorize my financial information to be shared with my sponsor!

I have enclosed proof of income.

(Date) (Applicant's Signature) (Print Name)

**PLEASE SIGN & RETURN THIS PAGE WITH
FORM
MEMBERSHIP AGREEMENT**

Should I, _____ (applicant name) be deemed qualified as a recipient member of The Box Project. I agree to the following:

- Write or Communicate (mutually agreed method) with my sponsor after receiving any box or letter. • Try to develop a personal relationship with my sponsor by sharing information about my family and my home on a regular basis.
- Inform my sponsor of any special needs; such as medical needs.
- Keep my sponsor and The Box Project informed of any changes within my family or household (marriages, births, deaths, divorce, etc.).
- Contact The Box Project and my sponsor immediately if I move to another address or change my phone number. • Keep myself informed about The Box Project through the newsletter or the Web site: www.boxproject.org • Contact The Box Project and my sponsor if my financial status changes.
- Ask my sponsor only for basic need items for only family members listed on application
- Do not ask for money, payments of bills or luxury items (like “name brand” clothing, expensive toys, computers or mobile devices, etc.)

A Sponsor agrees to:

- Try to develop a personal relationship with match family
- Provide friendship, encouragement, advice and boxes of basic needs about once per month.
- Encourage educational and vocational training, with the hope of helping their family break the cycle of poverty and become self-reliant.

The Box Project agrees to:

- Strive to match your family with a sponsor-family or group who will provide friendship, encouragement, advice and boxes of basic needs about once per month.
- Provide information or resources that might benefit you.
- Provide help to resolve issues between you and your sponsor.

Consent and Release for Photography, Videotaping and Creative Works:

By submitting your photo/creative works to us or signing this agreement you are giving us permission to legally use photos/creative works of you or your child to publish in any medium whatsoever including but not limited to publications, websites, broadcast, display and exhibitions to promote philanthropy and the missions of The Box Project and The Community Foundation of Northwest Mississippi. I agree that I and/or child shall have no right, title or interest in any photo/ creative works and waive any right to compensation for such use.

Important Notice:

The Box Project matches families with the intention that they will develop a long-distance relationship and communicate through letters or e-mail. Phone calls or face-to-face meetings are not part of our program, and you are not required to have phone calls or in-person visits just because your sponsor requests it. Please do not call your sponsor unless they have specifically asked you to call.

The Box Project primarily uses referring agencies to enroll applicants in the program. The Box Project does not screen sponsors for criminal backgrounds or any other personal information.

The Box Project is not responsible for any relationship outside of letters, email, and boxes. The relationship is at your own risk and responsibility; The Box Project does not accept any liability if both you and your sponsor agree that you want to include telephone calls, face-to-face meetings, or visits to each other's homes. You are under no obligation to have telephone visits or meet face-to-face with your sponsor. If you ever feel that the relationship with your sponsor is inappropriate, makes you uncomfortable, or feels unsafe please notify The Box Project immediately so we can address your concerns.

I have read or had explained to me The Box Project Membership Agreement. And understand that if I do not keep to the terms of this agreement, The Box Project retains the right to terminate my membership.

I understand that if I am not matched with a sponsor family within one year from the date of this application, I will need to reapply with a local agency to remain on the list.

(Applicant's Signature) (Print Name) _____ (Date)

The Box Project is a program of the Community Foundation of Northwest Mississippi, a non-profit agency that matches families for friendship, mentoring, cultural insights, and aid for basic needs. Our sponsor families look forward to communicating with you, getting to know you and offering you aid with basic needs as best they can. However, the most important goal of our Family Match Program is to promote understanding and communication between you and your Sponsor Family. If selected, you will be expected to be in touch with your sponsor on a regular basis.

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KEEP THIS PAGE FOR YOUR REFERENCE MEMBERSHIP AGREEMENT

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FOR AUTHORIZED REFERRING AGENCY USE ONLY

Applicant's Family Name: _____

Yes No

Is this family known to you or your agency?

Have you verified that this family's total income is less than 150% of the federal poverty guidelines?

Have you verified that this family lives in a county that is classified rural?

To the best of your knowledge, is the family information presented accurate?

Have you reviewed The Box Project agreement with this family to make sure they understand the terms of the agreement?

Do you feel that the family is able to fulfill The Box

Project membership agreement? Do you recommend

this family for The Box Project membership?

Agency comments:

AGENCY:

ADDRESS:

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

EMAIL _____

ADDRESS: _____

AGENCY REPRESENTATIVE NAME (print): _____

SIGNATURE: _____ Date: _____

TO BE COMPLETED BY THE BOX PROJECT ONLY

Reviewed By: _____ Date: _____ Approved: Yes [] No [] Notification mailed: _____

Remarks: _____

Pearl __ Scan __
Renamed __ Chronicle __
Redacted __