



Welcome to the 2017 Holiday Gift Program!

We're just a few months away from the 2017 Holiday Expo and Party, and you're invited to join us!

On **Wednesday, December 20** from **11 am – 8 pm**, there will be a daylong celebration at **The Aliveness Project** featuring games, activities, entertainment, a winter wear give away – and as always, a delicious holiday meal, cookies, stockings, and beautiful poinsettias to take home! Families with eligible children will also be able to pick out and wrap gifts from Toys for Tots.

RSVP by filling out your information in the enclosed flyer and return it along with your verification forms to Aliveness no later than **Friday, November 3**. By providing names and sizes for eligible members of your household, you will be guaranteed to receive winter wear at the Expo on December 20.

If you are homebound and cannot drive, take public transportation, or get a ride to Aliveness due to medical issues, you are eligible for delivery. Delivery will be on **Friday, December 22** and someone **must be home** to receive the package.

If you are outside the Twin Cities Metro area (Greater Minnesota), you will be mailed a package with warm winter wear, treats, and stockings for eligible household members if you are not traveling to Aliveness for the Expo.

To RSVP and guarantee winter wear for you and your household, return a completed form for each Aliveness member in your household by Friday, November 3:

- Deliver or mail to The Aliveness Project:
3808 Nicollet Ave, Minneapolis, MN 55409
- Fax to 612-822-9668
- Email to holiday@aliveness.org.

Additional copies are available at www.aliveness.org.

Because we are not offering a gift card this year, a resource list of other holiday giveaways or special gift programs is enclosed.

If you have any questions, please email holiday@aliveness.org or call 612-822-7946 and ask for Member Services.

3808 NICOLLET AVENUE
MINNEAPOLIS, MN 55409

PH: 612-822-7946
FAX: 612-822-9668

aliveness@aliveness.org
www.aliveness.org

Thank you!
The Aliveness Project Team

You're invited to the 2017 Holiday Gift Expo!

December 20, 2017
11 am - 8 pm
3808 Nicollet Ave
Minneapolis, MN 55409
920-822-7946
www.aliveness.org

TEAR HERE -----

Complete and return this form by 3:00 pm on Friday, November 4. Failure to do so will make you ineligible to receive winter wear at the Holiday Gift Expo.

Today's Date

Applicant

Access #

First Name

M.I.

Last Name

Address

City

State

Zip Code

Date of Birth

Daytime Phone

Email

Greater MN

Spouse / Partner

Date of Birth

Is your spouse/partner an Aliveness member?

If yes, Access #

Yes*

No

**Every member must submit a separate application for the Holiday Gift Program.*

First Name M.I. Last Name

Children

Please provide names for dependent children that live in your household and are under the age of 18. If you need to add additional children, please use a separate sheet of paper.

First Name M.I. Last Name

First Name M.I. Last Name

First Name M.I. Last Name

If you would like winter wear for you and/or your spouse/partner, please provide gender and size information.

Applicant Small Medium Large X-Large+
Other

Gender

**Spouse/
Partner** Small Medium Large X-Large+
Other

Gender

If you would like winter wear for your children, please provide gender, age, and size information. If infant/toddler, please include specific sizing: Small - 2T.

Child 1 Sm____ Med____ Large____ XL+____
Other

Gender Age

Child 2 Sm____ Med____ Large____ XL+____
Other

Gender Age

Child 3 Sm____ Med____ Large____ XL+____
Other

Gender

Age

How do you plan to receive your items? (check One)

_____ I will attend the **Holiday Gift Expo** on **Wednesday, December 20** sometime between **11 am - 8 pm**.

_____ I am **mobility impaired** and require delivery to my address or the address noted below. Mobility impaired means I am physically impaired and unable to physically attend the Expo. I will also be home on **Friday, December 22** from **9 am - 3 pm** to receive my items.

Delivery Address (if different than above)

Signature: I confirm that my information is true and accurate. If children are included in this application, I give permission to release my name, address, and number of children to Toys for Tots to process toy requests for this year. If I am mobility impaired or in Greater Minnesota, I authorize the sharing of my name/address for delivery/shipping purposes.

_____(applicant signature)

Return completed form to:

The Aliveness Project - Holiday Gift Program
3808 Nicollet Ave
Minneapolis, MN 55409

Name: _____

Address: _____ Apt #: _____ City, ST, ZIP: _____

Access Pass Number: _____ Phone: _____

Email: _____

INCOME STATEMENT

My income is: \$ _____ X 12 = \$ _____
(monthly income) (annual income)

Do you meet Federal Poverty Guidelines?

Yes (check household size)

Household Size	Income Level (400% FPL)
<input type="radio"/> 1	\$48,240
<input type="radio"/> 2	\$64,960
<input type="radio"/> 3	\$81,680
<input type="radio"/> 4	\$98,400
<input type="radio"/> 5	\$115,120
<input type="radio"/> 6	\$131,840

No - my annual income exceeds 400% FPL

In order to be eligible for services funded by government grants we receive, ALL RECIPIENTS OF FUNDED SERVICES must have annual incomes at or below 400% of the Federal Poverty Level, as listed above.

NOTE: You will not be denied any services even if your income exceeds these guidelines. Our services are available to anyone living with HIV/AIDS. We must collect this information as a requirement of government grants we receive for specific programs.

Attached is **proof of income** in the form of:

Pay stub

Social Security determination letter

Other (specify) _____

My annual **income exceeds** Federal Poverty Guidelines (no proof of income required).

I have **no personal income** (\$0.00).

I receive support through: (check all that apply)

One or more of my family members are working or own a business.

One or more of my family members receives child support, SSI, SSDI, pension, etc.

One or more of my family members gets money from a friend, relative or organization.

A relative, friend or organization pays all my bills and expenses.

I pay bills from money in a savings, checking, trust fund account or proceeds of sale of personal items.

Another source (please explain): _____

HOUSING STATUS

Stable / Permanent
(e.g., rental, home-owner)

Unstable (homeless)

Temporary (with friends/relatives, treatment facility, transitional housing)

MEDICAL INFORMATION UPDATE

Required for Federal Funding

Date of my last HIV/AIDS medical appointment was: _____

Do you have **health insurance**?

Yes No If Yes, please check type:

Medicare (Unspecified)

Medicare (A/B)

Medicare (D)

Medicaid (MA in MN, CHIP or other public)

Private – Employer

Private - Individual

VA, Tricare, Other Military Health Care

Indian Health Services

NUTRITION

Do you have **diet-related needs** (such as diabetes, high cholesterol, drug side effects, etc.)?

Yes No

If yes, would you like our dietitian to contact you to **talk about this**?

Yes No

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing within ten (10) business days of such change.

Your Signature: _____ Date: _____

Aliveness Staff Signature: _____ Date: _____

Policies

HIPAA Policy/Client Confidentiality: The Aliveness Project will maintain your personal and demographic information in a confidential manner. Access to information about the services you receive will be limited to Aliveness Project staff and to others for whom you have provided written consent to share or discuss your information. This information will also be maintained in a confidential manner. You will not be identified or identifiable in any written reports or publications without your written consent. **Consent for Aliveness Project staff to communicate with other Aliveness Project staff is automatic if you choose to become a member at The Aliveness Project.**

By agreeing to participate in programs at The Aliveness Project, you agree to provide information at the time of enrollment and periodically thereafter that will assist in data collection, assessment, and funding for services. For these purposes, personally-identifiable information will be provided to the Minnesota Department of Health (MDH) in accordance with contract agreements; however, The Aliveness Project and MDH will maintain your confidentiality as outlined below at all times. The goal of this is to make it easier for you to access additional services. The Minnesota Department of Human Services (DHS) and Hennepin County Ryan White Program will receive aggregate or group data only. The HIV/AIDS Bureau of the U.S. Department of Health and Human Services Health Resource and Service Administration (HRSA) does receive encrypted client level data that does not identify you by name or include any other identifying personal information. The data collected and reported to our funders is used to identify the services that individuals living with HIV/AIDS need and use, identify barriers to those services and unmet needs, and evaluate future funding needs.

The Aliveness Project may also be required by state laws and regulations to release information about you in the following circumstances:

- If there is a subpoena or a court order mandating us to release your records for use in a court proceeding.
- If you are threatening to harm another person and you have stated both the identity of the person and the means by which you plan to harm that individual.
- If you are threatening to seriously harm yourself and have identified a means by which you plan to do so.
- If you are threatening to commit a serious crime or are suspected of committing a serious crime.
- If it is suspected that you are being maltreated by a caregiver or are not able to protect yourself from maltreatment.
- If there is a reason to believe you are abusing or neglecting a child or vulnerable adult.

New Hires / Case Management Clients

The Aliveness Project will follow the "Best Practices" when hiring personnel to be case managers or other service providers that work with confidential, data-sensitive information. Members who were or are currently case managed by an Aliveness Project medical case manager, work with outreach and prevention, or the nutritionist cannot become employees of those programs prior to at least 1 year separation from those services or, at the discretion of the Executive Director. Current members that are employees cannot be case managed or receive other services in a data-sensitive category at The Aliveness Project or have access to the Personal Medical Information of other clients. Anyone already in a dual-role position at the date this policy was enacted (**03/27/2014**) will be exempt from this policy.

Client Bill of Rights: Any client/member of The Aliveness Project is entitled to the following rights:

- The right to treatment with dignity and respect in a nonjudgmental manner, regardless of HIV status, race, ethnicity, gender, religion, age, country of origin, sexual orientation, or physical/mental disability.
- The right to keep one's HIV status and other personal information confidential. Information will be withheld from all inquirers, including family members, spouse/partner, friends, medical providers, or law enforcement personnel except in cases of life-threatening situations, child abuse, or with the written request of the client.
- The right to receive services whether or not a member is currently receiving medical care for HIV/AIDS.
- The right to refuse or discontinue services at any time for any reason. This includes the right to inspect all client-specific documents, including intake forms, assessment forms, case notes and any other documents pertaining to the client only.
- The right to information pertaining to the grievance and appeals process in the event that a member has a dispute with a staff person or service provider of The Aliveness Project.
- The right to be protected from sexual, verbal and/or physical harassment from staff or other service providers.
- The right to be protected from discharge from membership without due cause, notice and/or process.
- The right to receive interpretation/translation services (for clients with limited English proficiency or hearing impairment), if no staff speaks the client's language or the client has not arranged for an interpreter.

Non-discrimination Policy: It is the policy of The Aliveness Project that services will be provided to all individuals without discrimination on the basis of HIV status, race, religion, color, age, sex, gender, sexual orientation, religion, national origin, physical or mental disability, or any basis prohibited by law.

Grievance Policy: You have the right to file a grievance if you feel you have been treated unfairly in any way. You will suffer no repercussions in service delivery solely as a result of filing a grievance. All grievances will be addressed in a confidential manner. If you have a grievance, you should first discuss it with the staff person with whom you are working. If this is not successful or if you feel that this is not an option, you should proceed with the following steps:

1. A written statement may be prepared (including date and time of incident) of the grievance. If you prefer, a grievance may be communicated verbally.
2. Submit the grievance to the staff person's supervisor. An appointment will be scheduled for you to meet with the supervisor to resolve your grievance. If the matter cannot be mediated, your grievance may be referred to the Executive Director for final resolution.
3. Grievances will receive prompt attention. Every effort will be made to address and resolve grievances within ten (10) business days. Written correspondence can be mailed or delivered to: 3808 Nicollet Avenue, Mpls., MN 55409.

Client's Consent for Services: I acknowledge that I have read and understand the above information and agree to receive services provided by The Aliveness Project under the conditions stated above. I may, without consequence, withdraw my participation from this organization's services at any time. I may request and receive a copy of this signed consent form at any time. Any and all copies of this document are to be considered as binding as the original.

Signature _____ Date _____

Holiday Resource Guide

(For a complete list, call Paul at 612-822-7946 ext. 222)

Additional Resources available by calling 2-1-1

Winter clothing

Sabathani Community Center

310 E 38th St, Minneapolis, Minnesota 55409

612-827-5981

<http://www.sabathani.org/>

Requirements:

You must register to receive services. Bring a piece of mail and photo ID to room 20.

Hours:

Clothing assistance: 9:00am–11:15am and 1:00pm–1:45pm

Registration: 9:00am–11:30am and 1:00pm–3:30 pm

Services Available:

- Basic needs for families including food, clothing, income tax assistance, limited cash assistance, back-to-school supplies, seasonal garden plots, and furniture
- Staff navigator to set goal plans related to economic stability and self-sufficiency
- On-site social work and eligibility for public benefits for Hennepin County residents
- Clothing assistance for anyone in the Twin Cities metro area including suburbs

Joseph's Coat

1107 West 7th Street, St. Paul, Minnesota, 55102-3850

651-291-2472

<http://josephscoatmn.org>

Requirements:

Guests must provide a photo ID

Hours:

Mondays and Wednesdays from 9:00am – 12:00pm and 1:00pm – 4:30pm

Not open Oct 2-5; Nov 20-24; and Dec 19-29

Services Available:

- Shop once a week for clothing for all ages, household items and personal hygiene products

Sharing & Caring Hands (Mary Jo's)

525 N 7th St., Minneapolis, Minnesota 55405

612-338-4640

<http://www.sharingandcaringhands.org/>

Requirements:

If you need to request these services you must wait to see Mary Jo at the hours below.

Hours:

Monday – Thursday from 10:30am – 11:30am or 1:30pm – 2:30pm

Services Available:

- Free clothing for all ages
- Other services include: meals, bags of food, showers, shelter, transportation help, rent deposits, rent help, medical assistance, dental care, furniture, school expenses, and other miscellaneous needs

Energy Assistance – Help paying home heating costs

Hennepin County Residents (includes Minneapolis)

Community Action Program of Suburban Hennepin County

952-930-3541

www.capsh.org

Ramsey County (includes St. Paul)

Community Action Partnership of Ramsey and Washington Counties

651-645-6470

www.capr.org

More information at: <https://mn.gov/commerce/consumers/consumer-assistance/energy-assistance/>

Holiday Meals

Fare for All

Visit website for locations and times: <http://fareforall.org/find-a-site/>

763-450-3880

Requirements:

Anyone is eligible and no registration is required. Holiday Packs available until Friday, December 23.

Hours:

Vary by location

Services Provided:

- Purchase a \$30 holiday pack that includes fixings for a holiday meal, including a turkey in November and ham in December. Cash, credit, debit card or EBT are all accepted forms of payment.

Holiday Gifts for Children

Hospitality House Youth Development

1220 Logan Avenue North, Minneapolis, MN 55411

612-522-4485

<http://www.hhyd.org/christmas-with-dignity/>

Hours:

- Sale Day is Friday, December 15, 2017
- 2017 Registration Dates and Times
 - Hospitality House, 1220 Logan Ave., MN 55411
 - Saturday November 25, 2017 from 9am – 4pm
 - Saturday December 2, 2017 from 9am – 4pm
 - Straitgate Church, 638 E. Franklin Ave., Minneapolis, MN 55404
 - Sunday, December 3, 2017 12pm – 4pm

Requirements:

- For children ages birth-16 years
- Must have a current, valid photo ID for parent or legal guardian registering children
- Registrants with address changes must provide a current utility bill
- Guardians must provide original birth certificate listing parent and child
- Legal Guardians/foster parents must bring custody letter and name and phone number of social worker

Services Available:

- Parents shop for new gifts for their children at 1/10th the original price
- Personal shoppers and free gift wrapping available

Salvation Army Clearinghouse (Formerly Operation Joy)

Please try other local toy programs before coming here

651-746-3595

<http://salvationarmynorth.org/community-pages/toy-shop/>

Hours:

No registration dates set for 2017

Requirements:

- Parents of children ages birth-14 in the Twin Cities Metro Area
- Homeless families may register if they have verification of a zip code

Services Available:

- Provides toys to children who may not otherwise receive Christmas gifts

Adopt-a-Family Programs

Good in the 'Hood

1630 E 90th St. Bloomington, MN 55425

612-440-7463

<http://www.goodinthehood.org/Our-Programs/Holiday-Help>

Hours:

Vary by location

Requirements:

- Must have a current, valid photo ID for registering the whole family
- Must participate in Thanksgiving basket program to be considered.
- Must register "in person" at one of the approved food shelf programs, email info@goodinthehood.org for specific program registration info.

Services Available:

- Holiday Help Campaign offers Thanksgiving Grocery Baskets, Hot meals, and Adopt-A-Family Holiday Gifts for children.

Neighbors' Love Your Neighbor

222 Grand Avenue West South Saint Paul, MN 55075

651-455-5000

<http://www.goodinthehood.org/Our-Programs/Holiday-Help>

Hours:

Office open weekdays 8:15am – 4:30pm (closed for lunch 12:15pm – 1:00pm)

Food shelf open weekdays 8:45am -11:30am; 1:00pm – 3:30pm

Requirements:

- Must have a current, valid photo ID for registering the whole family
- Call for more information.

Services Available:

- Adopt-a-Family and Adopt-a-Senior program offers new toys and clothing. Christmas for kids offers suggested items for children up to age 18.

- Neighbors also offers emergency assistance such as a food shelf, cash, emergency grants, clothes closet that is open to the public, furniture, bakery products, nutritional assistance for seniors, and volunteer drivers for necessary appointments.

Adopt-A-Family Angels – Minnesota

<http://www.goodinthehood.org/Our-Programs/Holiday-Help>

Hours:

Adopt-A-Family Angels and the adopters will contact selected families directly.

Requirements:

- Must fill out form on website or message on Facebook at <https://www.facebook.com/Adopt-a-Family-Angels-Minnesota-1010121122348005/>
- Families will be selected based on unique circumstances and if there are children in the family.

Services Available:

- Adopt-a-Family program works directly between the family/friend/business that wants to adopt and the adopted family. They will reach out to find a family's specific needs but typically are given a gift for each child (adults optional) and a shared meal for the holiday.