\*\*\*\*\*\*PLEASE KEEP APPLICATIONS CONFIDENTIAL\*\*\*\*\*\*

**2021 CHRISTMAS HAMPER REQUEST APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Recipient Name: |  | Street Address: |  |
| Phone Number: | Best Number to reach you during the day 9-3 | **Town, MD or Village?:** |  |
| Email Address: |  | **Mailing Address:** | Box Number |

* **PROOF OF RESIDENCE WILL BE REQUIRED WHEN APPLICATION IS BROUGHT IN**
* **IF YOU HAVE CHILDREN BRING ALBERTA HEALTH CARE CARD (or send copies)**

**Please check your Employment Status:**

**Please check your**

 **Preferences**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not Employed |  | Turkey? | Do you need a turkey roaster pan? |
|  | Employed part-time |  | Cooked Chicken? | Please list allergies and other concerns: |
|  | Employed full-time |  | Ham? |
|  | Senior Citizen |  | Need any blankets? |
|  | Disabled |  | **Need Delivery?** |
| Other: (please explain) |  |

**Please fill out one line below for every individual/family member living at this residence:**

Last Name First Name Age Gender Relationship to Applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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**Briefly describe the extenuating circumstances that your family may be experiencing this holiday season:**

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**Please have application forms to the FCSS Office by December 3, 2021 (may be sent via your municipal office)**