

2022 Application for Charity Newsies Christmas Food Basket

Name List EVERYONE in household:	Social Security # (list only last 4 digits)	Birthday	Age	Male/Female

*****Circle One: PICKUP or DELIVERY for the food box?*****

Street Address	Apt. Number	City & Zip Code
Main Phone #	Alternate Phone #	

Special Directions: ie: use back door, apartment above garage, etc.

IT IS YOUR RESPONSIBILITY TO UPDATE YOUR PHONE NUMBER AND ADDRESS WITH OUR OFFICE

Monthly Income

Employment	
Unemployment	
SS/SSD/SSI	
OWF/JFS/Kinship	
Child Support	
Overage Checks	
Veterans Assistance	
Workman's Comp	
Other	
TOTAL	

Monthly Expenses

Rent/Mortgage	
Electric	
Water	
Gas/Fuel Oil/ Propane	
Internet/Cable/Phone	
Cell Phone	
Insurance	
Transportation	
Other	
TOTAL	

By my signature, I, *(print name)* _____ give Lancaster-Fairfield Community Action and Information & Referral Service of Fairfield County permission to release information necessary to process this application for the receipt of holiday benefits as stated above:

Signature: _____ Date: _____

To be completed by I & R staff:					
Staff Initials	Date	Veteran	Grandparents	% Income Guideline	Approved

Would you like to receive text notifications and updates from Fairfield County 2-1-1? YES _____ No _____

APPLICATIONS DUE BY THURSDAY, DECEMBER 15th, 2022