**2022 CHRISTMAS HAMPER REQUEST APPLICATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Recipient Name: |  | Street Address: |  |
| Phone Number: | Best Number to reach you during the day 9-3 | **Town, MD, Village or Birch Hills County?:** |  |
| 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 7, 2022 (may be sent via your municipal office)**

**SECRET SANTA For kids- wishlist**

**Please fill out for your children (ages 0-17) if you need help providing them with gifts and needed items this season**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name | AGE | Clothing Items- Winter jacket, shirts, pants, socks, boots, mittens, slippers, etc. | Sizes | Other Gift Ideas- puzzles, toys, bedding, favorite books, characters, interests, etc. | Personal Care- i.e./shampoo, conditioner, body spray, lotion, razors, brush/comb |
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