

2024 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: example: use back door, apartment above garage, etc.
--

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

<p style="text-align: center;">Monthly Income</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Employment</td><td> </td></tr> <tr><td>Unemployment</td><td> </td></tr> <tr><td>SS/SSD/SSI</td><td> </td></tr> <tr><td>OWF/JFS/Kinship</td><td> </td></tr> <tr><td>Child Support</td><td> </td></tr> <tr><td>Overage Checks</td><td> </td></tr> <tr><td>Veterans Assistance</td><td> </td></tr> <tr><td>Workman's Comp</td><td> </td></tr> <tr><td>Other</td><td> </td></tr> <tr><td>TOTAL</td><td> </td></tr> </table>	Employment		Unemployment		SS/SSD/SSI		OWF/JFS/Kinship		Child Support		Overage Checks		Veterans Assistance		Workman's Comp		Other		TOTAL		<p style="text-align: center;">Monthly Expenses</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Rent/Mortgage</td><td> </td></tr> <tr><td>Electric</td><td> </td></tr> <tr><td>Water</td><td> </td></tr> <tr><td>Gas/Fuel Oil/ Propane</td><td> </td></tr> <tr><td>Internet/Cable/Phone</td><td> </td></tr> <tr><td>Cell Phone</td><td> </td></tr> <tr><td>Insurance</td><td> </td></tr> <tr><td>Transportation</td><td> </td></tr> <tr><td>Other</td><td> </td></tr> <tr><td>TOTAL</td><td> </td></tr> </table>	Rent/Mortgage		Electric		Water		Gas/Fuel Oil/ Propane		Internet/Cable/Phone		Cell Phone		Insurance		Transportation		Other		TOTAL	
Employment																																									
Unemployment																																									
SS/SSD/SSI																																									
OWF/JFS/Kinship																																									
Child Support																																									
Overage Checks																																									
Veterans Assistance																																									
Workman's Comp																																									
Other																																									
TOTAL																																									
Rent/Mortgage																																									
Electric																																									
Water																																									
Gas/Fuel Oil/ Propane																																									
Internet/Cable/Phone																																									
Cell Phone																																									
Insurance																																									
Transportation																																									
Other																																									
TOTAL																																									

By my signature, I, *(print name)* _____ give 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 _____

****Food Boxes can be picked up or will be delivered on Saturday, December 21st ****