



2020 Christmas Assistance Program: Food Box only

Rules for acceptance and participation in this program are the same for everyone without regard to race, religion, color, national origin, age, sex or disability.

Monthly Gross Income to Qualify

| <u>Household Size</u> | <u>Monthly Income</u> | <u>Household Size</u> | <u>Monthly Income</u> |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | \$1,354 | 5 | \$3,269 |
| 2 | \$1,832 | 6 | \$3,748 |
| 3 | \$2,311 | 7 | \$4,227 |
| 4 | \$2,790 | 8 | \$4,705 |

Last Name _____ First Name _____ County _____
 Address _____ City/State/Zip _____
 Phone _____ Message phone: _____
 Email Address _____

I would like to pick-up my food at (circle one): Canton Hannibal Shelbina Bowling Green

All Persons OVER 18 Years of Age Living at Same Address:

| First & Last Name | Relationship & Birthdate | Income |
|-------------------|--------------------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The first 850 applications are eligible for a food box **Income statements for the last month reviewed?** Y N _____ (initial)

I authorize The Salvation Army, Douglass Community Services, and NECAC to share with other agencies information as needed. All information that I have provided is true and complete to the best of my knowledge. I understand that programs requested are not guaranteed and participation in this program is at the discretion of the agencies listed above. **I am responsible for notifying the Salvation Army, Douglass Community Services or NECAC should my contact information change. My signature is my promise that I will not receive Christmas help for another organization or agency.**

_____ Date

_____ Participant Signature

_____ Interviewer Signature