2016 THANKSGIVING BASKET APPLICATION

Town of Milton
Welfare Department
603-652-4501 Ext. 9

TOWN OF MILTON/MILTON MILLS RESIDENTS ONLY

NAME: _____ **FAMILY SIZE:** _____

STREET ADDRESS: _____

HOME PHONE: _____ **MESSAGE PHONE:**_____

List the names of everyone currently living in the home (including yourself).

NAME	AGE	MONTHLY INCOME	HIGHEST GRADE COMPLETED
List other on back side with Income			

_____Proof of Residency Provided (Vehicle Registration, Lease, Utility Bill with Service address)

Please check off all sources of Income for your household:

_____Unemployment _____NHEP _____Pension/Retirement/SSI _____APTD
_____WIC _____ Child Support _____Medicaid/Medicare
_____Food Stamps _____Disability Benefits _____ Employment Wages
_____Other Holiday Assistance

This information I have given is complete and true. I give the Town of Milton Welfare Department permission to check with other agencies that may provide the same services that I am applying for. ***I realize that this program is dependent on the donations of others and cannot be predicted whether I will or will not be served.*** **I will report any change in households within 3 days.**

_____ _____
Signature Date

*****BASKET PICKUP*****

Please be available to pick up your basket on November 23rd, 2016

In order for someone else to pick up a basket for you, you must have written documentation from the applicant, your ID, and their ID when picking up the basket

IF YOU ARE HOMEBOUND, PLEASE LET US KNOW, AS SOME BASKETS CAN BE DELIVERED