



Milton Family Community Center COAT DRIVE Application FY 2020

Welcome to the Milton Family Community Center. Please fill out the following information.
This form is CONFIDENTIAL and is used for statistical and reporting purposes only.

HEAD OF HOUSEHOLD

Name: _____

Street Address: _____

Mailing Address: _____
(if different from above)

Town: _____, Vermont zip: _____

Phone: _____

Email: _____

I would like to receive MFCC information by email.

How did you hear about MFCC? _____

Active Military/Veteran Home
Please Specify _____

Annual Household Income

- ✓ Check one
 ___ Under \$18,850
 ___ \$18,850 – \$26,950
 ___ \$26,950 – \$30,200
 ___ \$30,200 – \$43,100
 ___ \$43,100 – \$56,900
 ___ over \$56,900

Does your family receive any of the following services?

- ✓ Check all that apply: None
 ___ Rch Up ___ WIC ___ SSI ___ SSDI
 ___ 3Squares ___ Dr Dinosaur
 ___ Unemployment ___ Headstart/EEE
 ___ Child care services ___ Medicaid
 ___ Other: _____

FAMILY MEMBERS

Number of Family Members Living in Household (include self)

PLEASE LIST ALL FAMILY MEMBERS LIVING IN HOUSEHOLD *please print clearly*

First Name	Last Name	Relationship to you	M/F	Ethnic Background (optional)	Date of Birth M/D/YR	SIZING CHILD / ADULT	
		SELF					

U.S. Citizen?

Yes ___ No ___

To be filled out by MFCC STAFF

Date: _____ Staff Initials: _____

Program(s) Used: _____

VISIONS

___ New / ___ Updated
 ___ date ___ initials