



Milton Family Community Center Coat Drive 2021

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.

APPLICATION PERIOD: October 1- October 22, 2021

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

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you hear about MFCC? _____

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 or None

___ Rch Up ___ WIC ___ SSI ___ SSDI

___ 3SquaresVT ___ Dr. Dynasaur

___ 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	Date of Birth M/D/YY	Gender Identity (M/F/Other)	Sizing Child / Adult	
		SELF				



To be filled out by MFCC STAFF

Date: _____ Staff Initials: _____

Program(s) Used: _____ COAT DRIVE _____

VISIONS

_____ Date _____ Initials