



Milton Family Community Center

THANKSGIVING PACKAGES 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.

All of the information needs to be filled out, for this form to be processed.

This is not an Intake for the Food Shelf. To receive items from the Food Shelf you will need to complete a Food Shelf Intake Form.

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)
		SELF		

This form must be **returned to MFCC by November 12th**

Package **pick up is November 17th-23th 9am-3pm**



To be filled out by MFCC STAFF

Date Received: _____ Staff Initials: _____

Program(s) Used: **THANKSGIVING BAGS**

Family # _____

VISIONS

_____ Date _____ Initials _____