



**MOUNTAIN MISSION, INC.  
2022 CHRISTMAS FOOD BASKET APPLICATION**

**THIS APPLICATION IS FOR FOOD ONLY! TO APPLY FOR TOYS PLEASE CONTACT THE CHRISTMAS BUREAU AT 304.414.4405**

HEAD OF HOUSEHOLD							
LAST NAME	FIRST NAME	SOCIAL SECURITY #	GENDER M / F	RACE	DATE OF BIRTH MONTH / DAY / YEAR	PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO

SPOUSE							
LAST NAME	FIRST NAME	SOCIAL SECURITY #	GENDER M / F	RACE	DATE OF BIRTH MONTH / DAY / YEAR	PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO

MAILING ADDRESS	CITY	STATE	ZIPCODE	CONTACT PHONE	ALTERNATE PHONE

PHYSICAL ADDRESS (If using a PO Box you <b>MUST</b> submit a Physical Address)	CITY	STATE	ZIPCODE	COUNTY

LIST OTHERS LIVING IN HOUSEHOLD								
LAST NAME	FIRST NAME	SOCIAL SECURITY #	RELATIONSHIP	GENDER M / F	RACE	DATE OF BIRTH MONTH / DAY / YEAR	PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				M / F			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**IF YOU RECEIVE SNAP (FOOD STAMPS), A COPY OF YOUR VERIFICATION LETTER IS REQUIRED TO PROCESS YOUR APPLICATION**

I UNDERSTAND THAT ALL INFORMATION REQUESTED IS REQUIRED FOR PROCESSING AND THAT THIS APPLICATION DOES NOT ENROLL ME IN ANY TOY/GIFT PROGRAM WITH MOUNTAIN MISSION, INC. OR ANY OTHER AGENCY. I UNDERSTAND THAT TO APPLY FOR A TOY/GIFT PROGRAM I AM TO CONTACT THE CHRISTMAS BUREAU FOR INFORMATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_