



**MOUNTAIN MISSION, INC.
2023 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 <i>(If using a PO Box you MUST submit a Physical Address)</i> | 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: _____