

ADOPT-A-FAMILY 2018

Recipient Participation Form

Recipient Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email address: _____

of Adults (19+) _____ # of Children (0-12 yrs) _____ # of Teens (13-18) _____

Please check all that apply. I wish to receive:

A Thanksgiving Food Basket _____

A Christmas/Holiday Food Basket _____

Gifts for my child(ren) _____

Please check the following categories that apply to you and provide proof of assistance (see below*):

_____ I (We) live in subsidized housing

_____ I (We) receive a government subsidy (i.e. AFDC, SSI, SSDA, MassHealth, etc.)

_____ I (We) have financial need (please provide a brief explanation below)

_____ I (We) receive Fuel Assistance and/or SNAP

_____ I (We) participate in the Food Pantry Program

***PROOF OF ASSISTANCE** - You must provide proof of assistance for at least one of the categories you checked above. Please send a copy of a document you received regarding your benefits or written confirmation from the Food Pantry or Reading Human Services. The document must contain the following information:

- The name of program (i.e. SNAP, Fuel Assistance, SSI, etc.)
- Your name
- Your current address
- Dated during the year 2018

Please be sure to include this document so that your application does not get delayed.

Please return this form, proof and wish list by October 31st, 2018 to ReadingTown Hall, 16 Lowell Street, Reading MA 01867 by mail or in person.