

Morinville Region

MULTI-AGENCY CHRISTMAS HAMPER APPLICATION



Midstream Support
Society & Thrift Store



Application for holiday food and gift support

FOR OFFICE USE ONLY

Agencies Assigned _____

Contact Made _____

Hamper Date _____

Applicant Information

Full Name _____ Received a Hamper Before YES NO

Phone _____ Voicemail YES NO Email _____

Address _____

Gift Ideas _____

Household

• Name _____
Age _____
Gift _____
Ideas _____

• Name _____
Age _____
Gift _____
Ideas _____

• Name _____
Age _____
Gift _____
Ideas _____

• Name _____
Age _____
Gift _____
Ideas _____

• Name _____
Age _____
Gift _____
Ideas _____

• Name _____
Age _____
Gift _____
Ideas _____

Food Preferences or Restrictions _____

INTAKE NOTES (FOR AGENCY USE ONLY)

Would you or your family be interested in:

A Bill Payment	_____
An Experience	_____

** This possibility is not available to all and will be discussed further on contact by providing agency. Not all bills qualify. Maximum amounts apply. Requests are in no way a guarantee of reception.*

Information on Bill or Interests:

Intake Completed or Reviewed By:

- Name _____
- Agency _____
- Phone Number _____
- Date _____

Conformation, declaration and information release consent:

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

I understand that this application is being submitted in good faith, and that I am truthfully representing my household's financial circumstances and need for support.

I understand that all information provided will remain confidential and will only be used for purposes related to the Christmas Hamper support programs.

I consent to the collection, use, and limited sharing of this information by and between Midstream Support Society, Morinville Adopt-a-Family, and Morinville FCSS for the sole purpose of assessing eligibility and coordinating assistance.

I acknowledge that I may be contacted by one or more of these agencies during the coordination process. I recognize that it is my responsibility to respond to any calls, emails, or text messages in a timely manner to ensure support is received.

Failure to respond may result in delays or loss of support.

I understand that I may withdraw my consent at any time; however, doing so may affect my ability to receive assistance.

I acknowledge that this application does not guarantee services or items, and that all support provided is subject to availability and the discretion of the participating agencies.

Applicant's Signature

or

**Confirmation of verbal agreement
(printed name)**

Date