2026 CHRISTMAS BASKET PROGRAM
Multi-Agency Application Form

Community organizations in Placer County each year distribute food, clothing and toys to struggling families in their community. These charitable gifts do not affect any government assistance you may receive. Only **one** application per address will be accepted. All names and addresses will be cross-checked with other applications and possibly other local Christmas Program organizations. If you live with another family or if other people live with you, we ask that they are included on your application.

LIMIT ONE APPLICATION PER HOUSEHOLD/ADDRESS.

For you to be placed on the appropriate organization list for a Christmas Basket, your completed application **must be received by** your local program **10 days prior** to their distribution date (found on the back of this form)**. Please mail your completed application to the appropriate organization's address listed on the back of this form based upon your physical address. DO NOT SEND THIS APPLICATION TO YOUR SOCIAL WORKER**.

All food and **toys (if offered or available)** must be picked up at the designated place, date and time. Any questions, please contact your local area organization listed on the back of this form.

YOU MUST VERIFY WITH YOUR ORGANIZATION – ENROLLMENT, DATE, TIME & LOCATION

Please keep the top back portion for YOUR pick-up location, date and time

CUT HERE -

Name of Applicant____

Street Address______________________________ **City & Zip** ____________________

Mailing Address (When different from above) ______________________________

Phone or Message # ______________________________ **Total Number of People in the Household** ______________

Please list all combined monthly income of all persons by source:

Wages $**____________ **TANF$____________ **SSI $**__________ **GR $**____________ **Other $**____________

Please list all individuals, including applicate, below (if you run out of space, please attach separate sheet of paper)

NAME	AGE	GENDER

Would like to receive food Christmas Basket: Yes ____ No _____ Is English spoken in the household Yes _____ No _____

*If offered in your area do you wish your children to be considered for the Christmas Toy program YES _______ NO ____________

APPLICANT'S SIGNATURE: ______________________________ **DATE**: ____________________

MUST HAVE YOUR CURRENT ADDRESS AND INFORMATION ABOVE

PLEASE NOTE: The following organizations may require proof of RESIDENCE in the area served

Zip Code serve:	**95703, 95722, 95736 plus Christian Valley & Clipper Gap areas**	(916) 201-5360
Mail application to:	**M.V. FRIENDLY NEIGHBORS CLUB**, P.O. Box 764, Meadow Vista, CA 95722	
Distribution date:	December 20, 2025, 10:30 a.m. – 12:30 p.m.	
Distribution site:	Placer Hills Campus - **16825 Placer Hills Road, Meadow Vista**	
E-mail address	meadowvistafriendlyneighbors@gmail.com	

NOTE: **Please email or mail your completed Christmas Basket application to the organization above for your physical address zip code. Only one Christmas Basket application is acceptable per household/address. Above organization lists may be shared to ensure one Christmas Basket per family/household/address.**

YOU MUST VERIFY WITH YOUR ORGANIZATIONS: ENROLLED, DATE, TIME AND LOCATION PRIOR TO DISTRIBUTION DATE!