



2018 HOLIDAY CHRISTMAS FEAST APPLICATION

Pierre Area Referral Service

Application Deadline is **MONDAY, DECEMBER 3rd** For Christmas

PLEASE CHECK

___ PICK UP BOX

___ DELIVER BOX

(Distribution on December 22nd)

Name: _____ Total Number in Household: _____

Mailing Address: _____

Physical Address: _____

Telephone #: _____ Message #: _____

HOUSEHOLD INFORMATION

Full Name	Relationship	Social Security Number	Birth Date
	<i>(Self)</i>		

Please list other family members on back of page if needed.

TOTAL HOUSEHOLD INCOME

Type of Income	Received By	Employer/Business Name	Amount	How Often
Employment (before taxes)			\$	
Employment (before taxes)			\$	
Food Stamps			\$	
TANF			\$	
Child Support			\$	
Unemployment			\$	
SSI or SSD or SSA			\$	
VA Benefits			\$	
Tribal Support			\$	
TOTAL HOUSEHOLD INCOME			\$	

Please Return to Pierre Area Referral Service: 2520 E Franklin, Pierre SD 57501

I confirm that the above information is true and valid to the best of my knowledge and is subject to verification. I am aware that any fraudulent statements made in this application are legal grounds for denial of services.

I also understand that completion of this application does not automatically make a household eligible to receive a holiday package. Availability of holiday meals are based on donations received. A letter will be sent out to those households that will receive assistance, along with a certificate that will need to be turned in on distribution day to claim a dinner. If information is not legible, application cannot be processed.

Signature of Applicant

Date



APPROVED BY STAFF _____



A Capital Area United Way Partner Agency

