



2020 HOLIDAY THANKSGIVING FEAST APPLICATION

PICK UP ONLY

Pierre Area Referral Service Partnering With Feeding South Dakota

This application must be turned in by **NOVEMBER 6th, 2020**

Applications must be legible in order to be processed.

(Distribution on November 21st)



Name: _____ Total Number in Household: _____

Mailing Address: _____

Physical Address: _____

Telephone #: _____ Message #: _____

HOUSEHOLD INFORMATION

Full Name	Relationship	Social Security Number	Birth Date
	(Self)		

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: 110 W. Missouri Ave., 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 feast meal. Availability of holiday meals are based on donations received. Applications must be filled out completely in order for each household receiving assistance to be notified. If you cannot be contacted, you cannot claim a dinner.

Signature of Applicant

Date

APPROVED BY STAFF _____



A Capital Area United Way Partner Agency

