

- Do NOT return form to Foodshare. Instead, enter client information at Foodshare.org.
- Keep signed forms in a confidential location and destroy them immediately after December 31.
- It is suggested that you verify the name and address of each client.

FOODSHARE TURKEY REQUEST FORM 2019

Client Information

Name: _____
 First Last

Address: _____
 Street # Street Name Street Type (Road, Avenue, etc.)

Do you live in an apartment or multi-family house? Yes No

If Yes: _____
 Apt. or floor number Apt. letter, if any (use "FL" to indicate floor)

Town: _____

Telephone: (_____) _____

Date of Birth: _____
 MONTH (SPELLED OUT) DAY YEAR

Yes No If available, I would prefer chicken instead of a turkey.

Declaration of Need & Release of Information

- By checking this box**, I certify that I require this assistance because my household income is insufficient to cover the cost of a Thanksgiving meal.
- I certify that the information provided above is true and correct.
- I consent to the release of pertinent information contained in the above to other social service agencies and Foodshare as necessary to complete services to my household or to minimize duplication of assistance.
- I understand this is only a request and does not guarantee that I will receive a holiday turkey.

 APPLICANT'S SIGNATURE

 DATE

 AGENCY REPRESENTATIVE

 DATE