



PLYMOUTH AREA COALITION
FOR THE HOMELESS

Control # _____

Thanksgiving Meal Assistance Application - 2023

***Please Print and complete all sections; uncompleted applications will be rejected.**

Name _____

Street _____ Town _____ Zip _____

MY FAMILY IS REQUESTING MEAL ASSISTANCE FOR:

Thanksgiving _____

Today's Date _____

Telephone _____

Telephone is required so that Plymouth Coalition staff can contact you to set up an appointment for meal pick up.

YOU MUST PROVIDE WITH YOUR APPLICATION: 1. PHOTO ID ____
2. Number in Family: _____

Full Name

Age

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Agency Holiday Committees cross reference applications. You may not receive assistance from more than one agency.

ALL PARTICIPANTS MUST MEET INCOME ELIGIBILITY GUIDELINES.

Return Application To: 149 Bishops Highway, Kingston, MA. 02364

ONE BOX PER ADDRESS IS ALLOWED. NO EXCEPTIONS.

***** APPLICATION DEADLINE IS NOVEMBER 1**

• OFFICE USE ONLY:

APPOINTMENT TIME

APPOINTMENT DATE

INFORMATION VERIFIED
