



PLYMOUTH AREA COALITION
FOR THE HOMELESS

Control # _____

Holiday Meal Assistance Application - 2024

***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 _____

Christmas _____

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: _____

<u>Full Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

ALL PARTICIPANTS MUST MEET ELIGIBILITY GUIDELINES.

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

ONE BOX PER ADDRESS IS ALLOWED. NO EXCEPTIONS. ***** APPLICATION DEADLINE IS December 5**

OFFICE USE ONLY:		
<u>APPOINTMENT TIME</u>	<u>APPOINTMENT DATE</u>	<u>INFORMATION VERIFIED</u>
_____	_____	_____