CENTRE D'Action BÉNÉVOLE DE LA MRC DE COATICOOK

Form - 2025

Christmas basket request

Client :

Appointment:

Beneficiary information

First name, Last name : _____ Date of birth : year-mm-dd

Address : _____ _____ Marital status: _____

Postal code : _____ City : _____ Phone : _____

Email: _____

Household information—spouse and children(s), others

First name, last name : First name Name

Date of birth : _____

Number of dependent **children under 18** in the household :

Enter the date of birth, circle the gender of each child, and enter the child's name (optional).

Date of birth :			Child's name (optional)
_____	M ☐	F ☐	Child's name (optional)
_____	M ☐	F ☐	Child's name (optional)
_____	M ☐	F ☐	Child's name (optional)
_____	M ☐	F ☐	Child's name (optional)

Référence person

First name, Last name : _____ Phone : _____

Relationship to the petitioner : _____

Reasons for the request - explain why you need a Christmas basket?

_____

Financial situation

Sources of income, check all boxes that apply:

EMPLOYMENT ☐ **SOCIAL ASSISTANCE** ☐ **EMPLOYMENT INSURANCE** ☐

QPP/CPP ☐ **DISABILITY BENEFITS** ☐ **OLD-AGE PENSION** ☐ **NO INCOME** ☐

FAMILY BENEFITS (QUEBEC AND FEDERAL ☐ **HOUSING BENEFIT** ☐

CHILD SUPPORT ☐ **WORKER BENEFITS** ☐ **STUDENT LOANS AND GRANTS** ☐

Other: _____

Total gross monthly household income : _____ **$**

Monthly expenses

Rent/Mortgage : $ **Electricity/Heating :** $ **Phone/Internet Cable TV:** $

Transportation: $ **Insurance:** $ **Medication/medical expenses:**

Childcare: $ **Other essential expenses:** $

TOTAL monthly expenses : _____ $

Consent and Signatures

I certify that :

• The information provided in this form is accurate and complete.

Consent and signatures : **X** _____

Historical food aid

Have you ever received emergency food aid? YES ☐ NO ☐

If yes, which organization : _____ Last time? year-mm-dd _____

Special needs

Food allergies : _____

Dietary restrictions (medical, religious, other): _____

Autres restrictions: _____

Consent and Signatures

I certify that :

• The information provided in this form is accurate and complete.

. I assume responsibility for the quality of the food that I will consume and that is provided to me free of charge by the Volunteer Action Centre, and thereby release from all liability the staff, volunteers, administrators and suppliers of the CAB, and I undertake to hold them harmless from any claim or legal action.

Consent and signatures : **X** _____

We reserve the right to request additional documents from you.

DEADLINE: FRIDAY, NOVEMBER 21, 2025

Submit the form at the reception of the Volunteer Action Centre, located at 23 Cutting Street in Coaticook, or send it by email to: adjmad@cabmrccoaticook.org

Those who are accepted will be contacted by Friday, December 5, 2025.

Reserved for CAB

Color code : **GREEN** ☐ **BLUE** ☐ **YELLOW** ☐ **PURPLE** ☐

Responsable : _____

Date of evaluation : year-mm-dd _____

Status : Accepted ☐ **Rejected** ☐ **Pending** ☐

Comments : _____