Campagne des paniers de Noël 2024

CENTRE D'Action BÉNÉVOLE DE LA MRC DE COATICOOK

Application form - 2024

Request a Christmas basket

Client # : _____

Appointment : _____

Informations sur le bénéficiaire

First name, Last name : _____ Birth date : _____

Adress : _____ Civil status : _____

Postal code : _____ City : _____ Phone # : _____

Income source: Job Social assistance Employment insurance Student Other _____

Have you ever received emergency food aid? YES NO

Informations du ménage - conjoint(e) et enfant(s)

First name, last name of spouse : _____

Birth date : _____ Number of adults in household: _____

Number of dependent children under 18 in the household : _____

Enter date of of birth and circle the gender of each child.

Birth date					
_____	M F		_____	M F	
_____	M F		_____	M F	
_____	M F		_____	M F	
_____	M F		_____	M F	
_____	M F		_____	M F	

Allergy:

Reference

First name, Last name : _____ Phone # : _____

Reasons for request (explain why you need a Christmas basket)

_____

_____

_____

We reserve the right to request additional documentation.

DEADLINE FRIDAY, DECEMBER 6 → **Submit the form in person, by e-mail to adjmad@cabmrccoaticook.org or by mail to 23 Cutting Street, Coaticook, Quebec J1A 2G2** → **Those accepted will be contacted by FRIDAY DECEMBER 6TH**

Reserved for CAB

Commodities : _____ Coupons : _____

Responsable : _____