



WILLIAM HALL RODGERS



CHRISTMAS FOOD BASKET REGISTRATION | NOVEMBER 8, 2021

HOW IT WORKS

- 1** Fill out the attached application (**on back**) or pass it along to someone who could benefit!
(One application per household, please. All information provided will remain confidential.)
- 2** Bring completed application and proof of identification to Museum Center at Five Points on **Monday, November 8, 2021** between 8:00am and 5:00pm.
- 3** Receive ticket with location, directions, date, and time of basket pickup.
DO NOT LOSE TICKET. NO TICKET = NO BASKET
- 4** Pick up basket at specified location, date, and time.
- 5** Enjoy and have a safe and happy holiday season!

WHAT YOU NEED

Completed application
Proof of Identification (ID)

***Social distancing protocols will be practiced**

WHEN & WHERE

Monday, November 8, 2021 | 8:00am - 5:00pm

Museum Center at Five Points - 200 Inman St. E., Cleveland, TN 37311

BASKET PICKUP

Directions and instructions will be provided upon completed registration.
NO TICKET = NO BASKET

TICKET # _____ (to be completed by staff only)

William Hall Rodgers Christmas Food Basket Application

Name (Head of Household): _____ Last 5 digits of Social Security #: _____ Birthdate: _____

Employed Self-Employed Retired Disability Income \$ _____ (Please circle: weekly, bi-weekly, monthly)

Name (Spouse): _____ Last 5 digits of Social Security #: _____ Birthdate: _____

Employed Self-Employed Retired Disability Income \$ _____ (Please circle: weekly, bi-weekly, monthly)

Current Address: _____ State _____ Zip Code _____

Phone Number: _____ Cell Home Work Total Number in Household: _____

LIST ALL OTHER MEMBERS OF HOUSEHOLD NOT LISTED ABOVE

Name	Date of Birth	Relationship

MONTHLY EXPENSES

Mortgage, Rent, Extended Stay, or Other (please circle one) \$ _____

Housing Choice/Section 8 \$ _____ If other, please explain: _____

Landlord/Property Manager: _____ Medications: \$ _____

Electricity, Water, Gas, Propane (please circle all that apply): \$ _____

Any other expenses and amounts: _____

SOURCES OF OTHER INCOME (if not addressed above)

Families First \$ _____ Social Security \$ _____ Disability \$ _____ SSI \$ _____

VA Benefits \$ _____ Workman's Comp \$ _____ Unemployment Comp \$ _____ WIC \$ _____

SNAP/Food Stamps \$ _____ Utilities Allowance \$ _____ Housing Allowance \$ _____

Signed _____ Date: _____