

2019 Holiday Assistance Registration Form—ADULTS ONLY

(please print and **return by October 15th** to SCCS/Generous Hands at
606 Spruce St, Vicksburg 49097)

Name of Head of Household _____ Best Phone _____

Street Address _____ Best Time to Call _____

Apt/Lot Number _____ PO Box Number _____ City _____ State __ Zip _____

Please list **all** persons living in your household. If there are children to list, please use families form and NOT the adults only form.

Full Name	Age	Gender

*****Food Certificates will be mailed early December*****

Family Notes:

Questions? Call 649-2901

____ I authorize release of information about my situation to

participating individuals and organizations who participate with SCCS to help with holiday assistance for my family.

For Food Certificates:

Household size (all members should be listed above): _____

Signature _____ Date _____