



Central Peace Family and Community Support Services
 Box 389
 Spirit River AB T0H 3G0
 780-864-3500 Press 1
 fcss@mdspiritriver.ab.ca

2017 CHRISTMAS HAMPER REQUEST APPLICATION

Recipient Name: _____

Street Address and Box Number: _____ Town: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail address: _____

- PROOF OF RESIDENCE WILL BE REQUIRED WHEN APPLICATION IS BROUGHT IN
- IF YOU HAVE CHILDREN BRING ALBERTA HEALTH CARE CARD

I reside in the following Municipality: (please check one)

Village of Rycroft Saddle Hills County Birch Hills County
 MD of Spirit River Town of Spirit River

Employment:

Not employed Employed part-time
 Employed full-time Disabled
 Senior citizen Other (please explain) _____

Please fill out one line below for every family member living at your residence:

Last name	First name	Age	Gender	Relationship to Applicant

Briefly describe any extenuating circumstance that your family may be experiencing this holiday season:

Please list any food allergies: _____

Please have application forms to the FCSS Office by December 8, 2017

Please note that the FCSS Coordinator has the right to deny any person(s) a food hamper subject to misleading information being provided on this application.

Hampers for applicants in the Town of Spirit River, MD of Spirit River and Village of Rycroft will be available for pick up at the Rycroft Community Hall on December 22nd from 10:00 am to 5:00 pm.

Hampers for Saddle Hills County will be picked up and delivered by County personnel on Thursday December 21st. Hampers for Birch Hills County will be picked up and delivered to applicants on Thursday December 21st.