



Mississaugas of the Credit | 2020 | Christmas Basket Application

1. Please PRINT the following information:

First Name: _____ Last Name: _____
 Blue Number: _____ Street Name: _____
 Phone: _____ Alt. Phone: _____

2. Type of Assistance Required: (Please only check one box)

Food & Toys Food Only Toys Only

3. Income Information: (Please only check one box)

Ontario Works (OW) Government Benefits (CPP, OAS, etc)
 Ontario Disability Support Program (ODSP) Low Income (ie. Minimum Wage, Part Time Work etc.)
 Employment Insurance Other: _____

4. List all children living in the home, ages 0-17:

First Name:	Last Name:	Gender:	Age:	Gift Ideas: (\$25-50 Range)
(example) Jimmy	Smith	M	6	Lego, Hockey Cards, Hot Wheels

FOR OFFICE USE ONLY:

Delivered by: _____ Date: _____ Initials: _____



OFFICE USE:

Eligible

Eligible for:

- Food & Toys Food Only Toys Only

Ineligible

Reason for Ineligibility:

- Not living in MCFN Community
 Does not meet income requirements
 Not holding Christmas dinner in their home

Notes:

Worker Signature: _____ Date: _____