

Maywood Mission

2022 Application for Food Assistance

DATE	STAFF	# of adults in household	# of children in household

Name List everyone in household (including children):	Social Security #	Birthday	Age	Male/ Female
Head of household.				

Street Address	Apt. Number	City & Zip Code
Phone #	Message phone	Cell or alternate #

Additional information or comments: _____

By my signature, I (print name) _____ give Maywood Mission permission to release information necessary to process this application for the receipt of holiday benefits as stated above:

Signature: _____ Date: _____

Pick up dates and times will be provided via text message. Please provide a good text number so you can be notified.