

HH # \_\_\_\_\_  
(Office Use Only)

**Sieda Community Action  
2020 Holiday Request  
Appanoose County Silver & Gold**

*If you are **60 years of age or older** and would like to be considered for a Christmas dinner food box, please complete this form and mail back with your heat assistance.*

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

You will be notified by phone when your items are ready to pick-up. **Please make sure to include a phone number where you can be reached.**

I authorize SIEDA to release limited information (bottom half of the form) to local organizations for holiday projects for 2020 holiday season.

I understand by **signing this release, it does not guarantee my household will be selected for participation.**

I will make sure the phone number provided is working and will be able to receive a message if not available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ First Name \_\_\_\_\_

**NOTE: At least one household member must be over 60 to be eligible for this program**