



**Breakthrough Counseling, LLC**  
**Christmas Food Assistance Form:**

**Parent/Guardian Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ (included earned wages, child support & social security benefits, if any)

Number of children in household: \_\_\_\_\_ Number of people living in household: \_\_\_\_\_

Have you or anyone in your household applied for or requested Christmas food assistance at any other locations this year?                      Yes    No

Do you or anyone in your household receive any of the following: (Please circle all that apply)

Medicaid    Disability    Food Stamps    TANF    Social Security    SSI    Child Support

Unemployment    FORCE    Other: \_\_\_\_\_

**PLEASE READ:**

- **COMPLETION OF THIS APPLICATION DOES NOT AUTOMATICALLY GUARANTEE THAT YOUR FAMILY WILL BE SELECTED.**
- This food assistance program is designed to *supplement* your Christmas food needs, and not to be a complete substitution.
- To ensure that as many families as possible get an opportunity to take advantage of the program, we must take into consideration the number of times your family has received assistance in past years. However, this will not automatically disqualify your family from receiving assistance again.
- Applications are **NOT** selected on a first come, first served basis.
- We work closely with other organizations in/outside the county to cross-check family's names to ensure there are no duplication of services.

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

**\*\*Please mail or fax this form in by 12/07/2018\*\***

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[www.BreakthroughCounselingLLC.com](http://www.BreakthroughCounselingLLC.com)