**2020 Application Lorenzo Legacy Thanksgiving Basket Form**

Did you receive holiday assistance from the Lucian Hunter Foundation of Hope last year?\*

Yes No Don't know/unsure

Are you applying for Christmas assistance too? Please note, you will need to fill out a separate application for Christmas.\*

* Yes, I will fill out a separate Christmas application
* No, I do not wish to apply for Christmas assistance
* Don't know/unsure
* Please complete all information below. You must be a Virginia resident and submit required documents to participate.
*  General Assistance TANF AMOUNT Monthy income 
*  FOOD STAMP MONTHLY AMOUNT Total household income 

If you participate in Social Services, please provide your Case Number, found on your Food card or correspondence in the General Assistance Case Number space

* Adult #1\*

First Last Adult #2 First Last

* Mailing Address\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

CityStateZIP Code

* Phone\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of family members.\_\_\_\_\_\_

I am aware that participating in other organizations’ Thanksgiving Basket Programs is strictly prohibited. Agencies will cross reference lists, and if I am enrolled in more than one program I will be removed from the LHFOH program for one year. I hereby authorize LHFOH to use my photo in LHFOH materials including newsletter, website and to release my name to volunteers/churches, and other organizations. I understand that my name will not be released to soliciting organizations. By signing this form, it serves as my signature and indicates that I agree with the terms of this program.\*

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