

2026 THANKSGIVING REQUEST FOR ASSISTANCE CONSENT FORM

Name: _____ Phone: _____

Mailing Address: _____ Street Address: _____

Are you more likely to shop for groceries at Food Lion or Piggly Wiggly?

Would you prefer a traditional American Thanksgiving meal, or would you prefer a Latin American inspired Thanksgiving meal? _____

Number of persons in household: _____ **Please note: if more than one family resides in the same house, only one basket/certificate will be provided.**Members of Household (including yourself): These persons must live with you on a continuing basis. Information will be verified.

Name	Age	Sex	Name	Age	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any dietary limitations? _____ Explain: _____

Are you currently receiving assistance through the Department of Social Services?

___ Yes ___ No If yes, what type of assistance (list all) _____

Did you receive help from this program last year? (Please circle) **Yes** **No****Why are you unable to provide Thanksgiving Dinner? (Explain situation)**

I understand that completing this form in no way guarantees assistance. I hereby give my consent to the Department of Social Services and the Roanoke Island Woman's Club to release my name and any information included on these forms to any individual or group of individuals interested in sponsoring my family for Thanksgiving. I also agree to submit **only one** request for assistance/consent form for the household in which I reside.

Signature _____

Date _____

Sponsor _____

Contact: _____

Address: _____

Phone: _____

Basket: _____

Certificate: _____

Mailed: _____

Client Notified by _____ **Letter** _____ **Phone** _____ **In Person**

Date of Notification: _____

Time: _____