



Form - 2025

Christmas basket request

Client : _____

Appointment: _____

Beneficiary information

First name, Last name : _____ Date of birth : _____ year-mm-dd
Address : _____ Marital status: _____
Postal code : _____ City : _____ Phone : _____
Email: _____

Household information—spouse and children(s)

First name, last name of spouse : _____ First name _____ Name _____
Date of birth : _____
Number of dependent **children under 18** in the household : _____

Date of birth : _____	M ☐	F ☐	Child's name (optional) _____
_____	M ☐	F ☐	Child's name (optional) _____
_____	M ☐	F ☐	Child's name (optional) _____
_____	M ☐	F ☐	Child's name (optional) _____
_____	M ☐	F ☐	Child's name (optional) _____

Enter the date of birth, circle the gender of each child, and enter the child's name (optional).

Référence person

First name, Last name : _____ Phone : _____
Relationship to the petitioner : _____

Reasons for the request - explain why you need a Christmas basket?

Financial situation

Sources of income, check all boxes that apply:

EMPLOYMENT ☐ SOCIAL ASSISTANCE ☐ EMPLOYMENT INSURANCE ☐ STUDENT ☐
QPP/CPP ☐ DISABILITY BENEFITS ☐ OLD-AGE PENSION ☐ NO INCOME ☐

Other: _____

Total gross monthly household income : _____ \$

Monthly expenses

Rent/Mortgage : \$ Electricity/Heating : \$ Phone/Internet :
Transportation: \$ Insurance: \$ Medication/medical expenses:
Childcare: \$ Other essential expenses: \$

TOTAL monthly expenses : _____ \$

Consent and Signatures

I certify that :

- The information provided in this form is accurate and complete.

Consent and signatures : X

Historical food aid

Have you ever received emergency food aid? YES ☐ NO ☐

If yes, which organization : _____ Last time? year-mm-dd

Special needs

Food allergies : _____

Dietary restrictions (medical, religious, other) : _____

Autres restrictions: _____

Consent and Signatures

I certify that :

- The information provided in this form is accurate and complete.

. I assume responsibility for the quality of the food that I will consume and that is provided to me free of charge by the Volunteer Action Centre, and thereby release from all liability the staff, volunteers, administrators and suppliers of the CAB, and I undertake to hold them harmless from any claim or legal action.

Consent and signatures : X

We reserve the right to request additional documents from you.

DEADLINE: FRIDAY, NOVEMBER 21, 2025

Submit the form at the reception of the Volunteer Action Centre, located at 23 Cutting Street in Coaticook, or send it by email to: adjmad@cabmrccoaticook.org

Those who are accepted will be contacted by Friday, December 5, 2025.

Reserved for CAB

Color code : GREEN ☐ BLUE ☐ YELLOW ☐ PURPLE ☐

Responsible : _____

Date of evaluation : year-mm-dd

Status : Accepted ☐ Rejected ☐ Pending ☐

Comments : _____