



Thankful Hearts

Take-N-Bake Family Application
1808 So. Chestatee Street #205 Dahlonega GA 30533
thankfulheartslc@gmail.com ~ 678.845.8771

This application is for Lumpkin or Dawson County Residents to be nominated or request assistance for a Thanksgiving Meal to “Take-N-Bake” at home with their loved ones. Please complete this application and send it by email or mail to the address above by November 1st. If your family is a recipient, you will receive a phone call to schedule a time to pick up from the Community Room at the Dahlonega Funeral Home.

Person Nominating (if applicable)

Last name: _____ First name: _____
Address: _____ City: _____ Zip code: _____
Phone #: _____ Email: _____

Family Information

Last name: _____ First name: _____
Address: _____ City: _____ Zip code: _____
Phone #: _____ Past Take-N-Bake Recipient: _____

1. Household Information

| | Last Name | First Name | Sex | How Related | DOB |
|---|-----------|------------|-----|-------------|-----|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |

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2. Our/the family would benefit from receiving a meal because:

3. Our/the family is in need more this year because:

4. Please share any special Thanksgiving family traditions that you and your family share:

5. Thankful Hearts collaborates with multiple other charitable organizations. Please share any additional needs the/your family may have.

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6. Statement of Understanding:

I am providing complete and true information about all of the people living at my address. I am not going to receive assistance for a holiday meal from any other agency, organization, church, or program. Items received will be utilized as intended and will not be sold or returned to store for cash/credit or used for personal profit. I understand that my household will be disqualified from services by providing incomplete, misleading or false information, receiving/applying for holiday meal assistance from other agencies, organizations, churches, or programs or gainfully profiting from the goods received. I understand that families that have not been past recipients will be given first consideration.

Signature: _____ Date: _____

Authorization for Release of Information:

I, the undersigned, do hereby authorize Thankful Hearts – Take and Bake to release and receive information concerning myself and all of the people who live at my address with the Lumpkin County Cooperative Assistance Group for one year from the date signed. I understand that I may revoke this consent at any time in writing; however, that may disqualify my participation in the program.

Signature: _____ Date: _____

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