



# Mecklenburg First In Families

*A project of InReach*

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## 2019 THANKSGIVING MEAL Pick-Up Form

**Pick up Date: Saturday, November 23, 2019 from 10am – 12:00pm**

**\*\*1 TURKEY, 1 FOOD BOX PER FAMILY\*\***

1. Have you received assistance from First In Families in the past? Yes or No
2. How did you hear about the Turkey Project? \_\_\_\_\_
3. Family Size: \_\_\_\_\_
4. Parent/Legal Guardian Name: \_\_\_\_\_
5. FULL Address (including city/state/zip): \_\_\_\_\_
6. Contact phone number: \_\_\_\_\_
7. Email address: \_\_\_\_\_
8. **Name of Individual with a developmental disability:** \_\_\_\_\_

By my signature below, I verify that the above information is accurate. My signature on this application also indicates I understand that I may receive a survey from First In Families of North Carolina asking me to give feedback on the FIF program. I understand that if I choose to complete the survey, those survey results may be shared (anonymously) with others.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Guardian/Self-Advocate

\_\_\_\_\_  
Date

### **PHOTO AUTHORIZATION**

I hereby authorize InReach/First In Families and its affiliates to use the photographic or video image of the above named person & surrounding individuals in the image for training and/or publicity purposes. I understand that photographic image may appear in printed publications, displays, or video presentations. This release allows for the use of photographs or video images by InReach/First In Families and its affiliates and allows InReach/First In Families and its affiliates to permit photographs and video images to be taken and published in newspapers or other printed media and/or shown on television. The name of the person & surrounding individuals in the image may or may not appear in the photograph or video image depending on the situation.

\_\_\_\_\_  
(Individual or Legal Guardian signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_ **I hereby DECLINE my photo and that of my family being taken.**