

Family # _____



**Lamprey Health Care
'Tis The Season Holiday Assistance Program Application 2022**

Name _____

Address _____

Phone _____

_____ I am a Newmarket resident. _____ I am the guardian of the children listed on the application.

My household family size is _____ My household income is \$ _____ (monthly/yearly)

_____ I may not meet income guidelines but would like to enroll due to extenuating circumstances (recent job loss, financial stress, unexpected medical bills, etc.).

Signature _____ Date _____

Please return this application by mail to Lamprey Health Care, 207 S Main St Newmarket NH 03857 or return in the document drop box located at the Medical Building Main entrance.

Once we have a received this application, a staff member will contact you by phone to process your application.

If you have any questions, we can be reached at 603-659-3106 x7237.

Childs Name: _____ Age: _____
Preference for Gift Card ___ Target ___ Amazon ___ Walmart
Other: _____

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