



FARMINGTON COMMUNITY SERVICES
1 MONTEITH DRIVE | FARMINGTON, CT 06032

GENERAL ASSISTANCE APPLICATION

Applicant Name: _____

Date: _____

- Photo Identification**
- Proof of Income** (for everyone in the household)
- Proof of Address**
- Birth certificate** (for everyone in the household)
- Social Security card** (for everyone in the household)
- Bank statement** (most recent)

If applying for assistance with a bill,

- Copy of the bill**

If applying for rental assistance,

- Lease or rent statement**

Your application will not be processed until all documents have been submitted.

TYPE OF SUPPORT REQUESTED

- Food Pantry
- Financial
- State Programs (SNAP/MSP)
- Energy Assistance
- Health Insurance (Access Health/Husky)
- Other _____ (please be specific)

OFFICE USE ONLY

NEW CLIENT

Funding Source Town Relief Fund Fuel Bank Other _____

Food Pantry Year _____ 6 Month _____

Date of Assistance	Assistance	Amount	Payment Made to

NOTES

FCS Staff Signature _____ **Date** _____

ASSISTANCE REQUEST

Reason for requesting assistance:

- Limited income Change in health Change in marital status
 Decrease in income Unexpected financial burden Other _____

Additional Comments _____

INCOME INFORMATION

Please list all income sources separately, including but not limited to Social Security, SSI, SDI, employment, unemployment, TANF, SAGA, pension, child support, alimony, annuity, worker's comp, interest or dividends, cash assistance or family assistance.

Name of HH Member	Type of Income Source	Amount	Frequency

MONTHLY HOUSEHOLD BILLS

Bill	Monthly Amount	Bill	Monthly Amount
Rent/Mortgage		Car Payment	
Heating		Car Insurance	
Electric		Childcare	
Phone/Cable		Property Taxes	
Credit Cards		Condo Fees	
Life Insurance		Food	
Medical Insurance		Other	

Housing (check one)	
<input type="checkbox"/>	Rent
<input type="checkbox"/>	Own
<input type="checkbox"/>	Live with friends/family

Primary source of heating (check one)			
<input type="checkbox"/>	Gas	<input type="checkbox"/>	Propane
<input type="checkbox"/>	Electric	<input type="checkbox"/>	Included in rent
<input type="checkbox"/>	Oil	<input type="checkbox"/>	Other _____

PROGRAM PARTICIPATION

Check all that apply

SNAP \$ _____

Free or reduced lunch

Women, Infants & Children (WIC)

Medicare/Medicare Savings Plan

State Health Insurance

Section 8 Assistance; Voucher managed by _____

Energy Assistance

Subsidized Housing

DSS Client ID # _____

LANDLORD INFORMATION

Name _____

Address _____

City, State, Zip _____ Phone _____

ADDITIONAL INFORMATION

Please list any other agencies from which you have received assistance in the past 2 years:

How did you hear about us? Brochure Town Website School Other _____

CLIENT SIGNATURE

By signing this application, I understand that I give Farmington Community Services permission to investigate all aspects of my application and that this application may be rejected at the discretion of Farmington Community Services. I certify that the above information is true and correct. *I also hereby acknowledge and consent to the Town of Farmington providing my phone number to a community-based voice broadcasting service for purpose of automated notification of Community Services important events and information.*

Client Signature _____

Date _____

FOOD PANTRY ASSISTANCE HOLD HARMLESS AGREEMENT WAIVER

Must be signed if applying for food pantry services!

Please understand that Farmington Community Services is a non-profit referral service, which is simply acting as intermediary between sponsoring families and donors and families seeking assistance. As a result, we disclaim all liability, which may result from the consumption of food or use of any donated item provided as a result of this application. The disclaimer includes, but is not limited to, any sickness, injury or death that may result from the receipt of goods or food consumption of contaminated food, spoiled food, or tainted food, or other injury or death caused by the acts of the sponsor.

I have read the above Hold Harmless Agreement in its entirety and fully understand the same. I hereby agree to hold Farmington Community Services, its Officers, Directors and Volunteers harmless from injury, illness or death that may result from the receipt, use and or consumption of the goods and food provided to me as a result of this application, in addition to any injury or death resulting from any acts of the sponsor.

Client Signature _____

Date _____

*****BACK PAGE MUST BE COMPLETED TO BE APPROVED FOR FOOD PANTRY*****



*****THIS FORM MUST BE COMPLETED TO BE APPROVED FOR FOOD PANTRY*****

W-1700 English
Guidelines Updated as of 07/01/2017

ATTACHMENT 1
235% of poverty

SELF-DECLARATORY FORM

**The Emergency Food Assistance Program (TEFAP)
Household Eligibility Form**

Name		No. of people in household
Street		No. of Elderly (60+) in household?
Town		No. of Disabled in household
State		No. of Children in household
Tel. ()		

The table below shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP commodities.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	28,341	38,164	47,987	57,810	67,633	77,456	87,279	97,102

- for each additional person add \$9,823

You are also eligible to receive TEFAP commodities if your household participates in any of the following programs. If you participate in any one of these programs, please check the box(s) next to it.

- Food Stamps
- Energy Assistance
- WIC
- School Meals
- Husky Part A, Part B
- State Administered General Assistance (SAGA)
- Temporary Assistance to Needy Families (TANF)
- Aid to the Blind or Disabled
- Social Security Supplemental (SSI)
- Section 8 Rental Assistance Program

Please read the following statement, then sign the form and write in today's date.

I certify that my yearly gross household income is at or below the income listed on this form for households of the same number of people as my household, OR that my household participates in the program that I have checked on this form. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I also certify that, as of today, my household lives in Connecticut.

Client Signature

Today's Date