

2020 Back-to-School Shoes & Coats for Kids Programs

Department of Health & Social Services, 740 Main Street, East Hartford, CT 06108

Check Program(s) Applying for: _____ **Back to School (entering grades K-12 only)**
 _____ **Coats for Kids (ages 5-12 only)**

Please PRINT Clearly.

Child must be age 5 or 12 by date of coat distribution.

NAME: _____

ADDRESS: _____ **Apt. #:** _____ **Zip code:** _____

Phone _____ **Alternate Phone** _____

Cell _____ **EMAIL** _____

Office Use Only

____ Shoes

____ Coats

CaseWorkers

Initials _____

Names of all Household Members <i>Nombres para todo los miembros del hogar</i> List yourself on the first line <i>Su nombre va primero en la línea</i> First Name (Nombre) Last Name(Apellido)	Relationship <i>Relación</i>	Birth Date <i>Fecha de Nacimiento</i>	Age <i>Edad</i>	Sex <i>Sexo</i>	School Grade <i>Grado</i> Fall 2020	School Name <i>Nombre de la Escuela</i>
1						
2						
3						
4						
5						
6						
7						
8						

Do all of the students listed above live in East Hartford with applicant permanently? Yes ___ No ___

Did you participate in either program last year? Yes ___ No ___ **If yes: Shoes** ___ **Coats** ___

Total number of persons in household: _____	Monthly <u>gross</u> household income: _____
State Assistance \$ _____	Sec 8 or Sub. Housing Yes: ___ No: ___
Employment \$ _____	Your part of Monthly Rent \$ _____
Unemployment Comp. \$ _____	Mortgage (Monthly) \$ _____
Social Security \$ _____	S N A P (Foodstamps) \$ _____
Pension \$ _____	WIC Yes: ___ No: ___
Child Support \$ _____	

I certify that the information I have provided above is true and correct.

I hereby authorize the Town of East Hartford, its elected officials, employees and agents (including but not limited to employees and consultants for the Department of Health and Social Services), permission to discuss the above financial information and all aspects of this application with any and all agency (ies) involved with providing services to meet my financial and household support needs (whether such agencies be governmental entities or private parties). This authority shall extend to the verification of the above financial information with such agencies and the release of any financial information to such agencies.

The Town of East Hartford will not share your financial information with any parties other than the above or those parties which it reasonably deems necessary to properly evaluate this application. The Town of East Hartford will not sell your information to any party. The Town cannot, however, provide assurances that your financial information will be protected once it is disclosed or released to other parties.

I UNDERSTAND THAT THIS IS ONLY A REQUEST AND DOES NOT GUARANTEE I WILL RECEIVE ASSISTANCE.

Applicants Signature

Date

PLEASE NOTE: Funding for the Coats for Kids Program is generously provided by the East Hartford Rotary.