Holiday Application 2020

Office Use Only Department of Health & Social Services, 740 Main Street, East Hartford, CT 06108 ___ Thanksgiving **PLEASE NOTE:** Food Baskets are available for families with minor children only. Christmas Child must be age 10 by date of toy distribution. Toys Check Program(s) Applying for: Thanksgiving Food Basket # of children Christmas Food Basket Toys for Children (Age 10 or under) NAME: ADDRESS: East Hartford, CT. Zip Code **Phone** _____ Alternate number Email Names of all Household Members Nombres para todo los miembros del hogar Relationship Date of Birth Age Sex List yourself on the first line Relación Su nombre va primero en la línea Fecha de Aňo Sexo First Name Nombre Last Name Apellido Nacimiento 1 2 3 4 6 7 8 Total number of persons in household: _____ Monthly gross household income: _____ State Assistance SNAP (Foodstamps) \$ _____ W I C Yes:____ No: ____ **Employment** Sec 8 or Sub. Housing Yes:____ No:_ *Unemployment Comp.* Social Security Your part of Monthly Rent \$ _____ Pension Mortgage (Monthly) 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