

2022 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 1-16 only)

Please PRINT Clearly.

NAME: _____

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

Phone _____ Alternate Phone _____

Cell _____ EMAIL _____

**Office Use
Only**

____ Shoes
 ____ Coats

CaseWorkers

Initials _____

Names of all Household Members Nombres para todo los miembros del hogar List yourself on the first line Su nombre va primero en la línea First Name (Nombre) Last Name(Apellido)		Relationship Relación	Birth Date Fecha de Nacimiento	Age Edad	Sex Sexo	School Grade Grado Fall 2022	School Name Nombre de la Escuela
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 **gross** household income: _____

FINANCE SECTION FOR OFFICE USE

State Assistance \$ _____
 Employment \$ _____
 Unemployment Comp. \$ _____
 Social Security \$ _____
 Pension \$ _____
 Child Support \$ _____

Sec 8 or Sub. Housing Yes: ____ No: ____
 Your part of Monthly Rent \$ _____
 Mortgage (Monthly) \$ _____
 S N A P (Foodstamps) \$ _____
 WIC Yes: ____ No: ____

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. Health & Social Services will consider new applicants first for both programs; 2021 recipients are still encouraged to apply.

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.