



The Plainville Community Food Pantry, Inc

Tel: 747-1919 • Fax: 793-2475

www.thefoodpantry.net

FAMILY # (If Applicable)

Plainville Community Food Pantry-Application

PLEASE PRINT AND FILL-IN ALL OF THE INFORMATION REQUESTED, IN THE SPACES PROVIDED. IF YOU SKIP ANY PART OF THE APPLICATION IT WILL BE CONSIDERED AN INCOMPLETE APPLICATION.

Referral Source: _____ Date: _____

Name: _____ Soc. Sec. #: _____ - _____ - _____

Address _____ Town _____

Date of Birth: _____ Age: _____

Phone # (_____) _____ - _____ Cell # (_____) _____ - _____

Spouse/Roomate: _____ Soc. Sec. #: _____ - _____ - _____

Address: _____ Town: _____

Date of Birth: _____ Age: _____

State Client ID #: _____ Name of your State Social Worker: _____ (If Applicable)

Total Number of people in the household: _____ (Please include everyone in the household/seeking assistance or not)

Adults: _____ Children: _____ Infants: _____ Seniors: _____ (18 & Over) (3 - 17 yrs.) (0 - 2 yrs.) (65 & Over)

Reason for assistance: _____

Source of Income: _____

Weekly Income: \$ _____ Monthly Income: \$ _____ Any Other Income: \$ _____ (Incl. income from other household members)

EXPENSES: (Please fill-in applicable bill amounts per month)

Rent/Mortgage \$ _____ Car Payment \$ _____ Homeowners Insurance \$ _____

Electric \$ _____ Auto Insurance \$ _____ Water \$ _____

Gas/Oil \$ _____ Credit Cards \$ _____ Sewer \$ _____

Phone \$ _____ Daycare \$ _____ Property/Car Taxes \$ _____

Cell Phone \$ _____ Medical \$ _____ Savings Acct. Balance \$ _____

Cable \$ _____ Prescriptions \$ _____ Checking Acct. Balance \$ _____

Internet \$ _____ Life/Health Ins. \$ _____ Retirement Balance \$ _____

If you have credit card balances what is the total amount owed \$ _____

Do you receive Food Stamps?: Yes, \$ _____/Month No

Do you receive WIC?: Yes No

Do your children receive free or reduced school lunch? Yes No

Are you or anyone in your household receiving services from a Mental Health Facility?
 Yes, Name of facility, _____ No

Do your children have Medical Coverage?: Yes, _____ No
(Type)

Do you have Medical Coverage?: Yes, _____ No
(Type)

Are you under a doctor's care?: Yes No

Are you taking medications?: Yes No

Comments: _____

Do you feel you have a drug or alcohol problem?: Yes No

Do you feel threatened or unsafe in your home?: Yes No

Comments: _____

Do you have your high school diploma? Yes No

How can our program be of help to you? _____

Comments:

Notice: Hold Harmless Agreement

Please understand that The Plainville Community Food Pantry 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. This disclaimer includes, but is not limited to, any sickness, injury or death that may result from the receipt of goods or food or 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 Plainville Community Food Pantry, its Officers, Director, Staff 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.

Signature

Date

Your Social Worker: _____

Agency: Plainville Food Pantry

I hereby certify that the above information is accurate and completely true in the account of my situation at this present time.

Signature

Date

Household Breakdown

Name: _____ Soc. Sec. #: _____ - _____ - _____

Address: _____ Town: _____

Date of Birth: _____

Spouse/Roommate Name: _____ Soc. Sec. #: _____ - _____ - _____

Date of Birth: _____

ALL children in the household (under 18 years of age):

Child's Name: _____ D.O.B: _____

Age _____ Sex _____

Child's Name: _____ D.O.B: _____

Age _____ Sex _____

Child's Name: _____ D.O.B: _____

Age _____ Sex _____

Child's Name: _____ D.O.B: _____

Age _____ Sex _____

Child's Name: _____ D.O.B: _____

Age _____ Sex _____

Child's Name: _____ D.O.B: _____

Age _____ Sex _____

Are you receiving any benefits for this child?

Yes, Agency _____ \$ _____ No

Yes, Agency _____ \$ _____ No

Yes, Agency _____ \$ _____ No

Yes, Agency _____ \$ _____ No

Yes, Agency _____ \$ _____ No

Yes, Agency _____ \$ _____ No

ALL other adults in the household (Over 18 years of age):

Name: _____ D.O.B: _____

Name: _____ D.O.B: _____

Name: _____ D.O.B: _____

Is this person also seeking assistance?

Yes No Income \$ _____ /Mo.

Yes No Income \$ _____ /Mo.

Yes No Income \$ _____ /Mo.

The above information is hereby accurate and true to the best of my knowledge and belief.

Signature

Date

Spouse/Roommate Signature

Date

This is to authorize Susie Woerz, Director of the Plainville Community Food Pantry, the discretion to obtain, exchange, and/or release information concerning my history, finances, care, treatment, health and any other related information as it may apply for the sole purpose of my PCFP eligibility determination and/or Intervention and Referral purposes. By signing I understand that this application and the attached required documents become property of the Plainville Community Food Pantry and are subject to inspection at the discretion of the Executive Director.

Signature

Date

This authorization may be revoked by me at any time, except to the extent that action has been taken in reliance thereon. This authorization, unless expressly revoked earlier, expires one (1) year from date signed.

Authorization for the Release of Records/Information

I, _____ hereby authorize the release of any or all of my personal information by the following parties:

- Bristol Community Services
- School Social Worker
- Department of Social Services Case Manager
- Department of Children and Families Case Managers
- CL&P
- Yankee Gas
- BCO Case Manager
- Youth Services
- Plainville Social Services
- Other (*Please Specify:*) _____

to Susie Woerz, Executive Director of the Plainville Community Food Pantry and Fuel Bank.

This consent applies to all types of information as described by the above name's records and is to be released for the purposes of the Pantry and/or Fuel Bank program Eligibility Determination. This consent will expire one (1) year from the date signed or sooner at my election.

Date

Signature