

**RECERTIFICATION**

**FAMILY #  
(IF APPLICABLE)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_

Total Number in Household (including non-family members) \_\_\_\_\_

Adults \_\_\_\_ Children \_\_\_\_\_ Infants \_\_\_\_\_ Seniors \_\_\_\_\_

**Income:**

Monthly Income \$ \_\_\_\_\_ (Source: \_\_\_\_\_)

Monthly Income \$ \_\_\_\_\_ (Source: \_\_\_\_\_)

Total Income \$ \_\_\_\_\_

Food Stamp Amount \$ \_\_\_\_\_

WIC  Yes  No

**Expenses:**

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 \$ \_\_\_\_\_

**Total Income = + \_\_\_\_\_**

**Total Expenses = - \_\_\_\_\_**

**Monthly net after Expenses = \$ \_\_\_\_\_**

**Status:**

- \_\_\_ ASSIST AS NEEDED (Where Applicable)
- \_\_\_ Assist with Holiday Baskets/School Drive/ Clothing / Energy **Only**
- \_\_\_ One Time Assistance **Only**
- \_\_\_ No Assistance

**(Review in \_\_\_\_\_ Weeks \_\_\_\_\_ Months)**

**Reason:**

- \_\_\_ Incomplete Application
- \_\_\_ Not following recommendations i.e.: applying to state, town, or agency \_\_\_\_\_.
- \_\_\_ Verbal or physical abuse to staff or volunteers
- \_\_\_ Over income vs. expenses ratio
- \_\_\_ Has other resources to fall upon. i.e.: savings, certificate of deposits, \_\_\_\_\_.
- \_\_\_ Missed two appointments with out calling
- \_\_\_ Shared household, where expenses are not in clients name
- \_\_\_ High cable, electricity, phone, or cell phone usage
- \_\_\_ Not living in Plainville
- \_\_\_ Other \_\_\_\_\_

**Comments** \_\_\_\_\_

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