



**The Plainville Community Food Pantry, Inc**  
 Tel: (860) 747-1919 • Fax: (860) 793-2475  
 P.O. Box 233 • 54 South Canal St • Plainville, CT 06062  
[www.plainvillefoodpantry.org](http://www.plainvillefoodpantry.org)

<b>FAMILY #</b> (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:** \_\_\_\_\_ Last Four of SS# XXX-XX \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Veteran: \_\_\_\_\_ Disabled: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Spouse/Roommate:** \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Veteran: \_\_\_\_\_ Disabled: \_\_\_\_\_

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.) (60 & Over)

**Reason for assistance:** \_\_\_\_\_  
 (See next page for additional space)

**Source of Income** (including cash assistance): \_\_\_\_\_

**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 Acct. Balance \$ _____

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

- Do you receive SNAP (Food Stamps)? -----  Yes \$ \_\_\_\_\_  No  
 (Per Month)
- Do you receive WIC? -----  Yes  No
- Do your children receive free/reduced school lunch?  Yes  No
- Do you receive energy assistance? -----  Yes \_\_\_\_\_  No  
 (Type)
- 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
- Are any other members of your household a Veteran or Serving in the Military?  
 Yes  No

How can our program assist you? \_\_\_\_\_

**Additional 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: \_\_\_\_\_

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. #: XXX-XX-\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Spouse/Roommate Name: \_\_\_\_\_ Soc. Sec. #: XXX-XX-\_\_\_\_\_

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 \_\_\_\_\_

<u>Are you receiving any benefits for this child?</u>		
<input type="checkbox"/> Yes, Agency _____ \$ _____		<input type="checkbox"/> No
<input type="checkbox"/> Yes, Agency _____ \$ _____		<input type="checkbox"/> No
<input type="checkbox"/> Yes, Agency _____ \$ _____		<input type="checkbox"/> No
<input type="checkbox"/> Yes, Agency _____ \$ _____		<input type="checkbox"/> No
<input type="checkbox"/> Yes, Agency _____ \$ _____		<input type="checkbox"/> No
<input type="checkbox"/> Yes, Agency _____ \$ _____		<input type="checkbox"/> No

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

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

<u>Is this person also seeking assistance?</u>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income \$ _____/Mo.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income \$ _____/Mo.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income \$ _____/Mo.	

Total number of veterans in household: \_\_\_\_\_ Total number of disabled in Household: \_\_\_\_\_

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, Executive 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