

Office use only:

Date received \_\_\_\_\_

Complete?  Y  N

Approved By: \_\_\_\_\_

Client ID# \_\_\_\_\_

## CLIENT APPLICATION/REDETERMINATION

PLEASE PRINT CLEARLY, THANK YOU

*Note: This form should be completed by the **Head of Household** (must be 18+)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Canton, CT 06019

Mailing Address (if different than Street Address):  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Marital Status (please check one):  Married  Single (never married)  Separated  
 Widowed  Divorced  Live in Partner

### HOUSEHOLD COMPOSITION

Tell us who lives with you; list ONLY the people in your house with whom you share food  
*Any significant changes will be verified by Senior & Social Services staff.*

	Name	Social Security # (only last 4 digits)	Relationship to You	Gender	Age
1.	You	— — — —	Self	Above	Above
2.		— — — —			
3.		— — — —			
4.		— — — —			
5.		— — — —			
6.		— — — —			
7.		— — — —			
8.		— — — —			

PLEASE TURN THE PAGE OVER



**Would you like to list an Alternate Food Bank User?**

Yes

No

An Alternate Food Bank Shopper is someone you trust to use your card to pick up food for you or your household if you are unable to do so. The alternate shopper must be 18 years old or older and will be required to present their picture ID in order to pick up food for you.

Alternate User(s): \_\_\_\_\_

*By signing below, I verify that I understand that the volunteers of the Canton Food Bank, Inc. make every reasonable effort to assure that the food that every client receives is safe for consumption. However, because food is donated, the origin, quality and freshness of each item cannot always be known for certain.*

*By signing below, I acknowledge that I am responsible for the determination of safety, freshness and the possibility of ingredients that may trigger allergies or other health concerns, and the Canton Food Bank makes no guaranties of any kind. By signing below, I agree to releases and hold harmless the Canton Food Bank and its agents, and the Town of Canton and its agents, for any personal injury or harm that might be cased by the food received.*

*I, the undersigned, also verify that the information I have given on this Application is correct to the best of my knowledge. I am verifying that I am a Canton resident and that I/my family are in genuine need of the food provided. I understand that I can be denied assistance if any of the above information is deemed incorrect.*

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**  
(If you are completing this form as a Power of Attorney or legal Guardian/Representative to a Canton resident, please provide legal documentation illustrating this relationship)

**Please drop off or mail this completed application to:**  
40 Dyer Avenue, Collinsville, CT 06019  
**Residency can only be verified with a copy of a CURRENT: lease, mortgage statement, letter from your landlord or from the person with whom you are residing, or mail with your name and address.**

**Supplemental Information**

*INFORMATION REQUESTED BELOW IS SUPPLEMENTAL AND OPTIONAL. IT IS ONLY USED FOR STATISTICAL PURPOSES*

**Does anyone in your household receive food stamp (SNAP) benefits?**  Yes  No

**Who & How much?** Who \_\_\_\_\_ @ \$ \_\_\_\_\_ /month

**What is your approximate household income?** \$ \_\_\_\_\_ each  Week  Month  Year

**From where does that money (income) come?** (check all that apply)

- Job  SSI  Social Security  Retirement Benefits  Pension  Alimony  TANF  
 Unemployment  Family/Friends  Odd Jobs  Other (please describe) \_\_\_\_\_

**Birthday Cake Kits**

(Kits include cake mix, oil, frosting, candles and napkins)

Yes, I would like to receive birthday cake kits  No, I would not like to receive birthday cake kits

Enter the number of birthday kits per month. January\_\_\_ February\_\_\_ March\_\_\_ April\_\_\_ May\_\_\_

June\_\_\_ July\_\_\_ August\_\_\_ September\_\_\_ October\_\_\_ November\_\_\_ December\_\_\_

*The number of birthday kits may not exceed the number of family members in the household.*

**\*\*ALL APPLICATIONS ARE REVIEWED BY THE CANTON SENIOR & SOCIAL SERVICES DEPARTMENT.**

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

(REV. 03/2023)