



VOUCHER APPLICATION

Canton Café Free Meal Voucher

Senior Center Fitness Voucher

FAMILY DEMOGRAPHICS

Name: _____

Address _____ Town _____ Zip _____

Email Address: _____ Phone#: _____

Employment: Part Time _____ Full Time _____ Unemployed _____ Retired: _____

Estimated Household Income: _____ Number of People Living in the Household: _____

ELIGIBILITY REQUIREMENTS

- 1) **Proof of Canton residency.** Applicants must provide a recent piece of official mail with their current Canton address.
- 2) **Proof of benefits.** Applicants must receive one of the following benefits. Check all applicable boxes that apply and **attach a copy of the state issued award letter** from that assistance program in which the parent/guardian/child is currently enrolled.

_____ Medicaid

_____ Connecticut Energy Assistance

_____ Food Stamps/ SNAP

_____ Renter's Rebate Program

_____ Subsidized Housing

_____ Supplemental Security Income

_____ State Supplement to the Aged, Blind, or Disabled

_____ Other (specify) _____

Note: Supporting documentation will not be returned. Information is verified by Senior & Social Services Director or designee. All information remains confidential in the Senior & Social Services Department.

- *I understand the policy of Senior & Social Services and affirm that all the information given on this form is true to the best of my knowledge*

Signature: _____ **Date:** _____