

TOLLAND FOOD BANK - APPLICATION

Date: _____

ID# _____

Applicant: _____ M/F: _____ DOB: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

LIST ALL OTHER PERSONS IN HOUSEHOLD:

<u>Name</u>	<u>M/F</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME (Please indicate all sources and amounts of monthly gross income for each household member listed above):

<u>Name</u>	<u>Source</u>	<u>Amount / How Often</u>
_____	_____	\$ _____ / _____
_____	_____	\$ _____ / _____
_____	_____	\$ _____ / _____
_____	_____	\$ _____ / _____

A Tolland household is eligible to use the Food Pantry if it meets ANY of the following criteria:

1) The household participates in any of the following programs, (check all that apply) :

<input type="checkbox"/> SNAP	<input type="checkbox"/> State Administered General Assistance (SAGA)
<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> WIC	<input type="checkbox"/> State Supplement to the Blind or Disabled
<input type="checkbox"/> Free/Reduced Lunch	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Husky Part A or Part B	

2) OR the household's income is less than the following income guidelines (60% SMI):

Household Size:	1	2	3	4	5	6	7
Annual Income:	\$36,171	\$47,300	\$58,430	\$69,559	\$80,688	\$91,818	\$93,905
Asset Limit:	\$10,000 per household						

3) OR the household is in a crisis situation as described below:

REQUIRED: RESIDENCY VERIFIED Driver's License/Other ID Other Verification

I, the applicant for Food Pantry assistance, hereby certify that the information I have provided above is accurate and complete to the best of my knowledge. I understand that if this information is found to be false that I may not be allowed to use the Food Pantry in the future.

Applicant's Signature/Date

Caseworker's Signature/Date

Office Only: _____

Number of Adults: _____ Family Total: _____

Children's Ages: _____ Date: _____

DIETARY NEEDS: Circle all that apply: Gluten Free Organic Vegetarian**Allergies:** _____**(Please check below all non-perishable food items you would like if available)**COFFEE/TEA/HOT COCOA

- ____ Coffee
 Regular or Decaf (circle one)
 ____ Tea
 Regular or Decaf (circle one)
 ____ Hot Cocoa

JUICE/JUICE BOXES

- ____ Apple or Grape (circle one)
 ____ Cran-Grape
 ____ Fruit Punch

FRUIT/FRUIT CUPS

- ____ Applesauce
 ____ Cranberry Sauce
 ____ Mandarin Oranges
 ____ Mixed Fruit
 ____ Peaches
 ____ Pears
 ____ Pineapples

CANNED PASTA

- ____ Ravioli (or like)
 ____ SpaghettiOs (or like)

BEANS (canned)

- ____ Chick Peas
 ____ Baked Beans
 ____ Black Beans
 ____ Kidney Beans
 ____ White Beans
 ____ Chili

CANNED MEAT

- ____ Chicken
 ____ Tuna
 ____ Beef Stew

VEGETABLES (canned)

- ____ Beets
 ____ Carrots
 ____ Corn or ____ Creamed Corn
 ____ Green Beans
 ____ Mixed Vegetables
 ____ Peas
 ____ Spinach

SOUP (canned)

- ____ Beef Vegetable
 ____ Chicken Noodle
 ____ Chicken Rice
 ____ Clam Chowder
 ____ Cream of _____
 ____ Minestrone
 ____ Tomato
 ____ Vegetable

SIDE DISHES

- ____ Beans (dried)
 ____ Instant Potatoes
 ____ Pasta Sides
 ____ Quinoa
 ____ Ramen Noodles
 ____ Rice (Brown)
 ____ Rice (White)
 ____ Rice Sides
 ____ Stuffing Mix

CEREAL

- ____ Cheerios (any kind)
 ____ Chex (any kind)
 ____ Cornflakes
 ____ Raisin Bran
 ____ Rice Krispies
 ____ Shredded Wheat
 ____ Total

HOT CEREAL

- ____ Cream of Wheat
 ____ Instant Oatmeal (flavored)
 ____ Instant Oatmeal (regular)
 ____ Oatmeal (canister)

MACARONI & CHEESE

- ____ Annie's or Kraft (circle one)

PASTA

- ____ Elbow Macaroni
 ____ Spaghetti (or like)
 ____ Ziti (or like)
 ____ Lasagna Noodles
 ____ Egg Noodles

TOMATOES/TOMATO SAUCE

- ____ Tomato Sauce (with meat)
 ____ Tomato Sauce (w/o meat)
 ____ Tomatoes (canned)

BAKING NEEDS

- ____ Flour
 ____ Oil
 ____ Sugar
 ____ Pancake Mix/Maple Syrup
 ____ Biscuit/Muffin Mix
 ____ Jello/Pudding

CONDIMENTS

- ____ Ketchup
 ____ Mayonnaise
 ____ Mustard
 ____ Salad Dressing

PEANUT BUTTER & JELLY

- ____ Jelly (flavor) _____
 ____ Peanut Butter (crunchy)
 ____ Peanut Butter (smooth)

SNACKS

- ____ Crackers
 ____ Granola Bars

TOILETRIES

- ____ Shampoo & Conditioner
 ____ Soap-Bar
 ____ Toothbrush
 ____ Toothpaste
 ____ Shaving Cream
 ____ Deodorant-women
 ____ Deodorant-men

PAPER GOODS

- ____ Paper Towels
 ____ Tissues
 ____ Toilet Paper

CLEANING PRODUCTS

- ____ Dish Detergent
 ____ Laundry Detergent