



# 2019

## **The Town of Watertown Emergency Assistance Program Application**

*Temporary Assistance for Residents of Watertown-Oakville with  
Food, Fuel, Financial Scholarships and Safety Net Emergencies*

Please be assured that all information contained within this application will be held in the strictest of confidence.

Total Annual Family Income (include child support if applicable)

## **HOUSEHOLD INCOME GUIDELINES**

<b>Household Size:</b>						
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Under	Under	Under	Under	Under	Under	Under
\$16,755	\$22,695	\$28,635	\$34,575	\$40,515	\$46,455	\$52,395
<b>Household Size if you or a member of your household is at least 60 years old or has a disability:</b>						
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Under	Under	Under	Under	Under	Under	Under
\$22,340	\$30,260	\$38,180	\$46,100	\$54,020	\$61,940	\$69,860

Clients must provide proof of income for everyone in the household over the age of 18 residing in the residence for the four weeks prior to the application date. See attached sheet for other documentation to be submitted with application.

# **FOOD BANK**

## **Pick up on Thursday**

You will be given your assigned pick-up time when you call to register.

**YOU MUST SHOW UP AT YOUR ASSIGNED TIME UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.**

**NO REQUESTS CAN BE MADE AT THE FOOD BANK; VOLUNTEERS ARE NOT ALLOWED TO HAND OUT ITEMS DURING PICK-UP. PLEASE DO NOT GO THROUGH BAGS INSIDE THE FOOD BANK.**

**12:30 – 2:00 pm**

**OR**

**5:00 – 6:00 pm**

**At the “Old Pin Shop”**

**20 Main St, Building 8, 1<sup>st</sup> in rear**

**Oakville, CT 06779**

**You must call the office to be placed on the list for food pick-up by Tuesday at 4:00 pm to register (860)945-5252 or (860) 945-5246.**

**Cut off for registering is 4:00 pm with NO EXCEPTIONS**

**You may use the food bank every other week according to the schedule you have been given, which goes by your last name. If you miss your week to sign up you must wait two weeks to sign up again.**

**(Please Detach This Sheet & Retain For Your Records)**

January 1, 2019

RE: FOOD BANK PICK-UP

Recently, there seems to be a great number of people who call to sign up to receive food from the food bank and then fail to show up for their scheduled pick up. **EFFECTIVE IMMEDIATELY, any individual who does not notify us they are unable to pick up their food will be subject to a penalty** and that individual will have to wait until their assigned week after the penalty week has passed to pick up food (one month from missed pick-up.) Your bags will not be held over for you. The food bank is only open on Thursdays; this is the only day food can be picked up. Also, you are given an assigned time to pick up your bags in order to keep the food bank running in an orderly fashion. You **MUST** show up at your **SCHEDULED TIME**. You cannot show up whenever you feel like it. If you miss your assigned time, and have not called the office to make other arrangements, you will not be allowed to pick-up your bags.

**Also, when picking up your food, you are NOT to go through the bags. There are numerous people who ask to swap out food, ask for additional items, etc. The volunteers are not authorized to hand out anything other than what has been packed for you in your bags. You are to sign for your food and take your bags to your car.**

The Food Bank volunteers are committed to trying to satisfy your needs by packing your bags. It is your responsibility to pick up those bags which you called in for. You can call *ANYTIME* to notify us that you won't be able to pick up your food. The office is open Monday-Friday from 8-5.

If you have any questions, please do not hesitate to contact me at (860) 945-5252.

Sincerely,

*Jeanne Vichioli*

Social Services

*Please watch for updates regarding Thanksgiving and Christmas Holiday baskets*

**2019**

**Is this application: New, Renewal, or Update**

*(Please circle one)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_, Apartment/Floor # \_\_\_\_\_

OAKVILLE or WATERTOWN (Please Circle)

Zip Code: 06779 or 06795 (Please Circle)

Email Address \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Vehicle License Plate: \_\_\_\_\_ Expires: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make & Model \_\_\_\_\_

Lien Holder/Financed By: \_\_\_\_\_ Until When: \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlords Contact Info: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Copy of Lease (to be attached in application)

How Long at this Address: \_\_\_\_\_ When was the last time you required our services: Year/Date \_\_\_\_\_

**PLEASE LIST ALL HOUSEHOLD MEMBERS (DO NOT INCLUDE YOURSELF)**

**Name: Date of Birth & Age: SS#: School/Grade:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME\* (FOR ALL HOUSEHOLD MEMBERS)**

SELF: \$ \_\_\_\_\_ SOURCE: \_\_\_\_\_ per: Week Month Year

SPOUSE: \$ \_\_\_\_\_ SOURCE: \_\_\_\_\_ per: Week Month Year

OTHER: \$ \_\_\_\_\_ SOURCE: \_\_\_\_\_ per: Week Month Year

CHILD SUPPORT: \_\_\_\_\_ per: Week Month Year

CHECKING ACCOUNT BALANCE\*: \$ \_\_\_\_\_ BANK: \_\_\_\_\_

SAVINGS ACCOUNT BALANCE\*: \$ \_\_\_\_\_ BANK: \_\_\_\_\_

OTHER ACCOUNT/IRA/CD/401K\*: \$ \_\_\_\_\_ BANK: \_\_\_\_\_

(\*attach copies of any income documentation, including paystubs, along with most recent bank statement)

**ARE YOU EMPLOYED: Y / N ARE YOU LOOKING FOR WORK: Y / N (If employed fill out employer info below)**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Monthly Expenses**

*Please break down payments (such as taxes) into your **MONTHLY** payment, not the total paid for the year.*

Rent \$: \_\_\_\_\_ Car Payment \$: \_\_\_\_\_ Insurance \$: \_\_\_\_\_  
Food \$: \_\_\_\_\_ Telephone \$: \_\_\_\_\_ Taxes \$: \_\_\_\_\_  
Heat \$: \_\_\_\_\_ Credit Cards \$: \_\_\_\_\_ Other \$: \_\_\_\_\_  
Electric \$: \_\_\_\_\_ Medical/Dental \$: \_\_\_\_\_ Other \$: \_\_\_\_\_

**Comments (if any)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cash Assistance Yes \$ \_\_\_\_\_ No \_\_\_\_\_

Food Stamps Yes \$ \_\_\_\_\_ No \_\_\_\_\_

State Medical Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

**By signing below, under Penalty of Law, I maintain that the information on this application is accurate to the best of my knowledge.**

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

**ALL ITEMS LISTED BELOW ARE REQUIRED TO DETERMINE ELIGIBILITY FOR USE OF THE WATERTOWN FOOD BANK OR OTHER EMERGENCY SERVICES.**

*In accordance with an independent audit of the Watertown Emergency Food Bank and Social Services, the following documents must be on record to be in compliance.*

**Application and documentation must be updated annually in order to continue using Watertown Social Services Programs, including the Food bank.**

**Identification:** Driver's License, State ID or other picture ID, which must have your current Oakville/Watertown address. If you have recently moved, **you must update your ID within 48 hours. You will not be able to use Watertown services until you have updated your ID with a Watertown/Oakville residence/address with the Department of Motor Vehicles.**

**Income Verification for ALL household members over 18 years of age:** Copies of pay stubs, tax returns, social security income, worker's compensation, child support/alimony (court order) or State Assistance (cash/food stamp approval letter).

**Bank Statements:** ALL Bank/Credit Union Accounts, including IRA'S, Savings and Checking. Provide most recent FULL bank statement (include all pages).

**Proof of Residency:** Utility bill showing name/address. Bill must be in **YOUR NAME**.

**Lease/Mortgage Statement:** Copy of current lease/mortgage statement must be provided.

**Copy of 2019 income tax forms**

**Copies of all items must be provided PRIOR to assistance being provided.**

A child counts as part of the household if they live with you 4 out of 7 days and that child is enrolled in a Watertown Schools. Thank you for your anticipated cooperation.

Sincerely,

*Jeanne Vichioli*

Jeanne Vichioli  
Social Services

# Watertown Food Bank 2019

## *Welcome to the Watertown Food Bank*

As a reminder, you must present a valid, unexpired ID each and every time you use our services; sorry, no exceptions. The Watertown Social Services Department Food bank will distribute food on alternate Thursdays, going by your LAST NAME (A-L, M-Z), to Watertown-Oakville residents only with proof of ID. You must have an application on file with the Social Services Department. The Watertown Food Bank is located at The Olde Pin Shop, 20 Main Street, Oakville. Watertown Social Services is located at 61 Echo Lake Road (lower level) Watertown.

To register to use the Food Bank, following the schedule below, you MUST call the office at 860.945.5252 (or 860.945.5246 if the first number is unavailable) to be placed on the list and get a time for pick-up. You must call on Monday or Tuesday of YOUR WEEK. The cutoff for calling to register is Tuesday at 4:00 P.M. No names can be added to the list after 4 P.M. on Tuesday. You are allowed to request up to 2 items, we will try to fill your request if possible. Please notify us every time you call on special dietary needs and allergies. Every effort will be made to honor your request *but* it is up to you to check ingredients and contents.

We understand that situations can arise and you may be unable to pick-up at your scheduled time. Please notify us at 860.945.5252 (during NORMAL working hours) to notify us. Also, if there is an immediate need or an emergency and you cannot wait until your week please contact us. We are here to help. When you sign-up you will be asked for time preference: 12:30 to 2:00 OR 5:00 to 6:00 PM

Month	Date	Last Name	Month	Date	Last Name
<b>January</b>	03	M-Z	<b>July</b>	04	No Food Bank
	10	A-L		11	A-L
	18	M-Z		18	M-Z
	25	A-L		25	A-L
<b>February</b>	07	M-Z	<b>August</b>	01	M-Z
	14	A-L		08	A-L
	21	M-Z		15	M-Z
	27	A-L		22	A-L
			29	M-Z	
<b>March</b>	07	M-Z	<b>September</b>	05	A-L
	14	A-L		12	M-Z
	21	M-Z		19	A-L
	28	A-L		26	M-Z
<b>April</b>	04	M-Z	<b>October</b>	03	A-L
	11	A-L		10	M-Z
	18	M-Z		17	A-L
	25	A-L		24	M-Z
			31	A-L	
<b>May</b>	02	M-Z	<b>November</b>	07	M-Z
	09	A-L		14	A-L
	16	M-Z		19	Thanksgiving Basket
	23	A-L		21	M-Z
			28	No Food Bank	
<b>June</b>	06	A-L	<b>December</b>	05	A-L
	13	M-Z		12	M-Z
	20	A-L		17	Christmas Baskets
	27	M-Z		19	No Food Bank
			26	No Food Bank	




## Watertown Food Bank

### Release of Liability

**Name:** \_\_\_\_\_

I, the undersigned, agree to abide by the rules of the Watertown Food Bank. I understand that I can use this service every two weeks. This excludes emergency situations (fire, flood, etc.).

I understand I need to sign up by calling (860) 945-5252 or (860) 945-5246 **BY TUESDAY AT 4:00PM** on the week of distribution to be able to use the food bank that week. I have received the schedule which shows which week I am eligible for which goes by my last name (A-L/M-Z).

**I understand that if I break the rules, I will not be allowed to use the Watertown Food Bank in the future. I understand that I am not allowed to go through my bags at the Food Bank. No requests will be taken during your pick-up. The food bank volunteers are not allowed to “shop” for items/requests while you are there picking up your bags. The food you are given has been donated. You are not allowed to return donated items to the stores for refund. If you are caught doing this you will not be allowed to use the Food Bank.**

I understand the Watertown Food Bank receives donations from various organizations, groups and individuals from the community. I understand that the Food Bank is for residents of this community and, in the event I move from Watertown/Oakville, I will notify the Food Bank immediately.

The town of Watertown Social Services makes no warranties or guarantees as to the quality or safety of the goods provided to you and/or your family. Furthermore, we disclaim all liability which may result from the consumption of food or use of any donated items 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. By signing below, I hereby agree to hold the Watertown Food Bank, its directors, staff, personnel and volunteers harmless from any injury, illness, or death that

may result from the receipt, use and/or consumption of the goods or foods provided to me as a result of this application.

PRINTED NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VOUCHER INFORMATION

Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

**Vouchers are only given out in cases of emergency. They are not meant to replace use of the Food Bank. Vouchers must be approved by the Director of Social Services and are, again, not given out on a regular basis.**

**Choose one:**

Adam's       Watertown Meat Center       Stop & Shop Supermarket

Labonne's Epicure Market       \_\_\_\_\_

- 1. At any time you may change your preference by filling out a new application.**
- 2. Vouchers will be used for food or taxable only.**  
**NO alcohol or cigarettes may be purchased with a voucher.**
- 3. There will be NO refunds or change given from vouchers.**
- 4. The voucher is valid for 30 days-vouchers will NOT be reissued in the event of loss, expiration or any other reason.**

**5. Vouchers are NON-TRANSFERABLE.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_