

The Wolcott Resource Center Food Pantry Application

Client Information Requirement:

Our application requests information that is mandatory to report to State and Federal agencies in order for us to participate in State and Federal food assistance programs.

Identification Requirements:

You **MUST** have a copy of any 2 of the following for each adult in your household over the age of 18 and **not present at the time of registration**.

- Valid CT Driver's License.
- Valid CT State Id.
- CT Voter Registration Card.
- Property Tax Bill.
- Current Utility Bill.
- Any Mail (Including Junk Mail).

You must provide these by your 2nd shopping visit.

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Client ID # _____

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.

Applicant

Applicant name (Please print clearly): _____ Date: _____

Date of Birth: _____ Last 4 digits of your Soc. Sec. # _____

ID Type: _____ ID #: _____ Email _____

Address: _____ City/State/Zip: _____

Phone #: (____) _____ Cell #: (____) _____

Employer: _____ Address: _____

Total Monthly Income \$ _____ Other Sources of Income \$ _____

Please Explain Other Income _____

Do you receive Food Stamps? Yes / No If Yes, \$ _____ Monthly

Do you receive Fuel Assistance? Yes / No If Yes, \$ _____ Monthly

Spouse/Partner

Applicant Name (Please print clearly): _____ DOB _____

Address: _____ City/State/Zip: _____

Phone #: (____) _____ Cell #: (____) _____

Employer: _____

Total Monthly Income \$ _____ Other Income \$ _____

Please Explain Other Income _____

Do you receive Food Stamps? Yes / No If Yes \$ _____ Monthly

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Household Member Breakdown

Total Number of People in Household: _____
(Please include **everyone** in household/seeking assistance)

Adults: _____ **Children:** _____ **Infants:** _____ **Seniors:** _____
(18 – 59) (3– 17 yrs) (0 – 2 yrs) (60 & over)

ALL Other adults in the household (over 18 years of age applying for assistance):

Name: _____ D.O.B: _____ Monthly Income: \$ _____

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Name: _____ D.O.B: _____ Monthly Income: \$ _____

Name: _____ D.O.B: _____ Monthly Income: \$ _____

Expenses

Please list all as Monthly Expenses:

Rent/Mortgage \$ _____ Property/Car Taxes \$ _____

Home/Rent Insurance \$ _____ Auto Insurance \$ _____

Car Payment \$ _____ Gas/Oil Heat \$ _____

Electric \$ _____

Phone \$ _____ Cell Phone \$ _____

Cable \$ _____

I hereby certify that the information in this application is accurate and completely true in the account of my situation at this present time.

Applicant Signature: _____ **Date:** _____

Spouse/Partner Signature: _____ **Date:** _____

Wolcott Resource Center Code of Conduct

The Wolcott Resource Center (WRC) is committed to providing a safe and welcoming environment for all volunteers and clients. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs

We expect persons using the WRC to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our WRC Code of Conduct outlines prohibited actions. The actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities or programs:

- Using or possessing alcohol or illegal chemicals on WRC property or in WRC vehicles
- Carrying or concealing a weapon or any device or object that may be used as a weapon
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- Sexually explicit conversation or behavior; any sexual contact with another person
- Theft or behavior that results in the destruction or loss of property

Volunteers and clients are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a WRC volunteer.

WRC volunteers are eager to be of assistance. Clients should not hesitate to notify a volunteer if assistance is needed.