



**TOWN OF CROMWELL**  
**HUMAN SERVICES**  
TOWN HALL, 41 WEST STREET  
CROMWELL, CT 06416  
(860) 632-3449      FAX (860) 632-3446

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October 14, 2016

Dear Client:

I am writing to you today to advise you of the details regarding our upcoming 2016 Holiday Programs. Enclosed you will find the 2016 Registration Form. If you would like to participate in any of these programs, please fill out the attached registration form and return it to us by the applicable deadline. **You must complete the form entirely and include all household members and all income. Incomplete or inaccurate applications could result in you not getting assistance. You will be notified by mail of when to come and pick up food baskets and/or toys.**

**Unfortunately due to building limitations this year it is necessity that we pre-package the toys prior to your pick-up.**

In addition, please be aware that, if you have not participated in any financial programs with us within the last year, you will need to update your financial eligibility.

If you have any questions or need clarification on anything, please contact Lisa Olson at (860) 632-3449 or [lolson@cromwellct.com](mailto:lolson@cromwellct.com).

Sincerely,

James Gere  
Acting Human Services and Senior Center Director

Enclosure

HUMAN SERVICES  
(860) 632-3449  
[Lolson@cromwellct.com](mailto:Lolson@cromwellct.com)



**CROMWELL HUMAN SERVICES**  
**2016 HOLIDAY PROGRAMS**  
**CLIENT REGISTRATION FORM**



**\*Deadline to register for the Thanksgiving Basket is Friday, November 18<sup>th</sup>**  
**\*\*Deadline to register for Holiday Basket and Holiday Toys is Friday, December 9<sup>th</sup>**

**I would like to register my family and/or children for the following holiday program(s):**  
**(Please note that the Holiday Toys Program is strictly for children between ages 2 and 15. Children must also reside with you and proof of residency will be required.)**

**Thanksgiving Basket\*** \_\_\_\_\_ **December Holiday Basket\*\*** \_\_\_\_\_ **Holiday Toys\*\*** \_\_\_\_\_  
 Pick up notification for all programs will come by mail

Client Name: \_\_\_\_\_ Total Household Members: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Other Members: In household</b>	<b><u>Names</u></b>	<b><u>Relationship to Client</u></b>	<b><u>Birthdates</u></b>
	_____	/	/
	_____	/	/
	_____	/	/
	_____	/	/

**Current Income (Monthly)**  
*\*Please note that documented proof of income may be requested, if not current and on file with our office.*  
 Wages \$ \_\_\_\_\_ Social Security/SSD/SSI \$ \_\_\_\_\_ Child Support/Alimony \$ \_\_\_\_\_  
 Unemployment (weekly) \$ \_\_\_\_\_ State Assistance \$ \_\_\_\_\_ Other (specify) \$ \_\_\_\_\_

Thanksgiving and Holiday baskets will consist of non perishable foods to help prepare a holiday style meal.

**Participant names will be kept confidential.**

**Please return this completed form to: Human Services, 41 West Street, Cromwell, CT 06416 by the applicable deadline otherwise we cannot guarantee assistance. If you have any questions, please contact Lisa Olson at (860) 632-3449 or [lolson@cromwellct.com](mailto:lolson@cromwellct.com).**