



Cromwell Human Services

Easter Holiday Food Basket Program Application

Application Deadline: 3/19/2020

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone: _____ Email: _____

Household Member Information

Total Household Members: _____

Household Member

Name: _____ Relationship: _____

Household Member

Name: _____ Relationship: _____

Household Member

Name: _____ Relationship: _____

Household Member

Name: _____ Relationship: _____

Household Member

Name: _____ Relationship: _____

Current Income - All Household Members

Household Member	Wages	Social Security/SSDI/SSI	Child Support/Alimony	Other Income	Unemployment	State Assistance

Total Monthly Income:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or may result in services being denied. I understand it is my responsibility for picking up the food at the designated time and if I am unable to do so, I must make PRIOR arrangements with staff.

Signature: _____ Date: _____



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Donor Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone: _____ Email: _____

**Each year we provide Cromwell families with food to enjoy an Easter dinner.
With your generous donation, we can make this happen!**

Easter Food Items Needed:

**Au Gratin Potatoes
Canned Green Beans
Canned Corn
Corn Bread Mix
Mac & Cheese
Fruit Cocktail
Pancake Mix
Syrup
Cake Mix
Frosting**

We ask that all items be delivered by Thursday, March 26th

Thank you for helping our Human Services Families!

Return Completed Form by 3/19/20 to: Cromwell Human Services, 41 West Street, Cromwell, CT 06416

Questions, please call 860-632-3449