

CONFIDENTIAL

Registration Form Tolland Human Services Diapers & Detergent Program

RETURN THIS FORM BY MARCH 13, 2024

**EMAIL to: jfiddler@tollandct.gov (preferred) or MAIL TO: 2024 Diapers & Detergent Program,
Attn. Jillian Fiddler, Human Services, 21 Tolland Green, Tolland, CT 06084**

Section A. I am requesting (please check all that apply):

Detergent

Diapers (please list how many children require each size)

Size 1 ___ Size 2 ___ Size 3 ___ Size 4 ___ Size 5 ___

Section B.

Today's date: _____

Last Name: _____ First Name: _____

Address: _____ Tolland, CT 06084

Email: _____ I don't have email

Please check your email frequently for program updates!

(home) _____ (cell) _____ (work) _____
Can we leave a message? (home) Yes ___ No ___ (cell) Yes ___ No ___ (work) Yes ___ No ___

Section C.

I have filed a 2023/2024 application for the CT Energy Assistance Program with Tolland Human Services staff:

___ No. Continue to Section D

___ Yes. Skip to Section F

Section D.

1.) INCOME-REQUIRED Applications received without this information will not be processed

Please indicate **all** sources and amounts of monthly **gross income** (*employment, unemployment, social security, child support, alimony, self-employment, etc.*) for each household member):

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

Section D cont.

2.) This household **currently** participates in the following programs (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> State Administered General Assistance (SAGA) |
| <input type="checkbox"/> CT Energy Assistance Program | <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"/> Reduced/free school lunch program | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Husky Part A or Part B | |

3.) This household is in a crisis situation as described below:

Section E. HOUSEHOLD INFORMATION

Name (<i>First, Last</i>)	Age	M/F	Relationship to Applicant
			<i>Applicant</i>

(attach separate sheet if there are more than 7 household members)

Who may we contact if we have any questions about this registration?

Self ONLY Self & Spouse Other: _____ Email/Phone: _____

REQUIRED: RESIDENCY VERIFICATION

- Driver's License/Other ID (attach copy) or
 Lease or Tax bill (attach copy)

Section F.

I, the applicant for the Diapers & Detergent Program, 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 this program in the future.

Applicant's Signature

Date