

Please Return This Form by November 5th, 2021

Wethersfield Department of Social & Youth Services
505 Silas Deane Highway, Wethersfield, CT 06109
OFFICE: (860) 721-2977 FAX: (860) 721-2935

WE WILL BE PROVIDING A BAG OF FOOD AND A GIFT CARD FOR A TURKEY THIS THANKSGIVING. WE WILL CALL YOU TO PICK UP YOUR GIFT CARD AND FOOD ON AN ASSIGNED DAY AND TIME

THANKSGIVING ASSISTANCE



WORKER'S INITIALS _____ DATE RECEIVED _____

PLEASE **PRINT** ALL INFORMATION

1. Name (FIRST & LAST) _____

2. Best Phone #: _____ email: _____
Please make sure a message can be left on phone

3. Address _____ Apt. # _____

4. Please include only those who live in your household. **We cannot provide for guests.**

of Adults ages 18-59 _____ # of Children under age 18 _____

of Senior Citizens age 60 or older _____ TOTAL # of People in Household: _____

Please include COPIES of a current utility bill and 4 weeks' worth of income with your application.

PLEASE DO NOT WRITE BELOW THIS LINE

Office Use Only

Proof of Residency: _____ Proof of Income: _____ Family Individual