



2024

The Town of Watertown Emergency Assistance Program Application

*Temporary Assistance for Residents of Watertown-Oakville with
Food, Fuel, Financial Scholarships and Safety Net Emergencies*

Please be assured that all information contained within this application will be held in the strictest of confidence.

Total Annual Family Income (include child support if applicable)

HOUSEHOLD INCOME GUIDELINES

Household Size:						
1	2	3	4	5	6	7
Under \$39,761	Under \$51,996	Under \$64,230	Under \$76,465	Under \$88,699	Under \$100,933	Under \$105,521

Clients must provide proof of income for everyone in the household over the age of 18 residing in the residence for the four weeks prior to the application date. See attached sheet for other documentation to be submitted with application.

Updated: Jan. 2024

FOOD BANK

Pick up on Thursday

You will be given your assigned pick-up time when you call to register.

YOU MUST SHOW UP AT YOUR ASSIGNED TIME UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.

NO REQUESTS CAN BE MADE AT THE FOOD BANK; VOLUNTEERS ARE NOT ALLOWED TO HAND OUT ITEMS DURING PICK-UP. PLEASE DO NOT GO THROUGH BAGS INSIDE THE FOOD BANK.

12:30 – 2:00 pm

OR

5:00 – 6:00 pm

At the “Old Pin Shop”

20 Main St, Building 8, 1st in rear

Oakville, CT 06779

You must call the office to be placed on the list for food pick-up by

Tuesday at 4:00 pm to register (860)945-5252 or (860) 945-5246.

Cut off for registering is 4:00 pm with No EXCEPTIONS

You may use the food bank every other week according to the schedule you have been given, which goes by your last name. If you miss your week to sign up you must wait two weeks to sign up again

(Please Detach This Sheet & Retain For Your Records)

Monthly Expenses

Please break down payments (such as taxes) into your MONTHLY payment, not the total paid for the year.

Rent \$: _____ Car Payment \$: _____ Insurance \$:

Food \$: _____ Telephone \$: _____ Taxes \$:

Heat \$: _____ Credit Cards \$: _____ Other \$:

Electric \$: _____ Medical/Dental \$: _____ Other \$:

Comments

Cash Assistance Yes \$ _____ No _____

Food Stamps Yes \$ _____ No _____

State Medical Insurance Yes _____ No _____

By signing below, under Penalty of Law, I maintain that the information on this application is accurate to the best of my knowledge.

Name _____ Date _____

**ALL ITEMS LISTED BELOW ARE REQUIRED TO
DETERMINE ELIGIBILITY FOR USE OF THE
WATERTOWN FOOD BANK OR OTHER EMERGENCY
SERVICES.**

In accordance with an independent audit of the Watertown Emergency Food Bank and Social Services, the following documents must be on record to be in compliance.

Application and documentation must be updated annually in order to continue using Watertown Social Services Programs, including the Food bank.

Identification: Driver's License, State ID or other picture ID, which must have your current Oakville/Watertown address. If you have recently moved, you must update your ID within 48 hours. You will not be able to use Watertown services until you have updated your ID with a Watertown/Oakville residence/address with the Department of Motor Vehicles.

Income Verification for ALL household members over 18 years of age:

Copies of pay stubs, tax returns, social security income, worker's compensation, child support/alimony (court order) or State Assistance (cash/food stamp approval letter).

Bank Statements: ALL Bank/Credit Union Accounts, including IRA'S, Savings and Checking. Provide most recent FULL bank statement (include all pages).

Proof of Residency: Utility bill showing name/address. Bill must be in your name

Lease/Mortgage Statement: Copy of current lease/mortgage statement must be provided.

Copy of 2023 income tax forms

Copies of all items must be provided PRIOR to assistance being provided.

A child counts as part of the household if they live with you 4 out of 7 days and that child is enrolled in a Watertown Schools. Thank you for your anticipated cooperation.

Sincerely,

Jeanne Vichioli

Watertown Food Bank Release of Liability

Name: _____

I, the undersigned, agree to abide by the rules of the Watertown Food Bank. I understand that I can use this service every two weeks. This excludes emergency situations (fire, flood, etc.).

I understand I need to sign up by calling (860) 945-5252 or (860) 945-5246 **BY TUESDAY AT 4:00PM** on the week of distribution to be able to use the food bank that week. I have received the schedule which shows which week I am eligible for which goes by my last name (A-L/M-Z).

I understand that if I break the rules, I will not be allowed to use the Watertown Food Bank in the future. I understand that I am not allowed to go through my bags at the Food Bank. No requests will be taken during your pick-up. The food bank volunteers are not allowed to “shop” for items/requests while you are there picking up your bags. The food you are given has been donated. You are not allowed to return donated items to the stores for refund. If you are caught doing this you will not be allowed to use the Food Bank. I understand the Watertown Food Bank receives donations from various organizations, groups and individuals from the community. I understand that the Food Bank is for residents of this community and, in the event I move from Watertown/Oakville, I will notify the Food Bank immediately.

The town of Watertown Social Services makes no warranties or guarantees as to the quality or safety of the goods provided to you and/or your family. Furthermore, we disclaim all liability which may result from the consumption of food or use of any donated items provided as a result of this application. This disclaimer includes, but is not limited to any sickness, injury or death that may result from the receipt of goods or food or consumption of contaminated food, spoiled food or tainted food or other injury or death. By signing below, I hereby agree to hold the Watertown Food Bank, its directors, staff, personnel and volunteers harmless from any injury, illness, or death that may result from the receipt, use and/or consumption of the goods or foods provided to me as a result of this application.

Signature: _____ **Date:** _____

