



TOWN OF MANSFIELD



Mansfield Farms to Family Application

HOW TO APPLY

Please complete the attached application and provide copies of the documents listed below.

Mail or Email To:
Mansfield Human Services Department
Attention: Dorothy Del Valle
303 Maple Road
Storrs-Mansfield, CT 06268
(860) 429-3315
MFFP@mansfieldct.org

Applications may also be placed in our secure drop box at the above address.

Part 1 - Please check if either box apply:

If either box is checked the approval letter from the below program can be used in lieu of the part 2 required documentation.

- Participate in the Mansfield Public Schools free and reduced lunch program
- Have an active Fee Waiver

Part 2 - Please check if submitted with application:

- Proof of Residency for ALL persons who reside in the household. Applicant(s) must reside in Mansfield to be eligible for this program.
- Three (3) most recent pay stubs for all income earners in the household.
- Copy of other sources of income (if applicable) i.e.: Social Security, Private Pension, Unemployment, Workman's Comp, Disability Benefits, Veterans Benefits, Rental Income, Welfare, Alimony, Child Support, etc.
- Copy of your most recent federal tax return for each adult in the household.



MANSFIELD FARM TO FAMILIES PROGRAM

7/1/21 - 6/30/22

303 Maple Rd.
Storrs/Mansfield, CT 06268
Tel. (860) 429-3315



APPLICANT (S) GENERAL INFORMATION

APPLICANT			CO-APPLICANT		
ADDRESS			ADDRESS		
TOWN	STATE	ZIP CODE	TOWN	STATE	ZIP CODE
PHONE #			PHONE #		
EMAIL	BIRTH DATE		EMAIL	BIRTH DATE	

EMPLOYMENT INFORMATION

EMPLOYER			EMPLOYER		
ADDRESS			ADDRESS		
TOWN	STATE	ZIP CODE	TOWN	STATE	ZIP CODE
PHONE			PHONE		
GROSS ANNUAL WAGES			GROSS ANNUAL WAGES		
LENGTH OF EMPLOYMENT			LENGTH OF EMPLOYMENT		

ANNUAL HOUSEHOLD INCOME

*Gross Wages/Salary	Rental Income	Welfare
Pension, SSI, Self-Employment	Alimony, Child support	
Unemployment & Workmen's Comp.,	Other (List)	TOTAL

PERSONS LIVING IN UNIT

<u>NAMES OF ALL PEOPLE LIVING IN HOUSEHOLD</u>	<u>RELATIONSHIP TO APPLICANT</u>	<u>DATE OF BIRTH</u>	<u>EMPLOYER</u>	<u>YEARLY INCOME</u>

***Eligibility is based on the combined income of all household members listed on the application.**

PENALTY FOR FALSE OR FRADULENT STATEMENT; U.S.C Title 8, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements of representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Please answer the following questions so we can help assess the needs of our community:

Do you have access to transportation? Yes No

Have you ever participated in a Community Supported Agriculture (CSA) share? Yes No

Do you visit a Farmer's Market to purchase local produce? Yes No

If so, approximately how many times per year? _____

I hereby apply for The Town of Mansfield Farms to Family Program and certify the accuracy of the information contained herein in accordance with all provisions of the law and agree to notify the appropriate town department in writing in the event of changes in said information; any changes affecting your eligibility status over the course of the year must be reported to the Town so we can evaluate whether or not you continue to qualify for the program.

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

FOR OFFICIAL USE ONLY:

Above Threshold

Below Threshold

Approval letter sent: Yes or No (circle one) Date _____