

Town of Mansfield Human Services Department

July 22nd, 2021

Dear Parent or Guardian,

Fall is just around the corner and school will be beginning soon. We are happy to invite you to apply for our Back-to-School Program. Limited funding is available to qualified families to use for school related purchases.

To find out if you qualify please complete and return the attached Back-to-School application by August 4th, 2021 at 4:00 pm to:

Town of Mansfield Attn: Dorothy Del Valle 303 Maple Road Mansfield, CT 06250

Please note applications can also be placed in our secure drop box at the above address.

Applications will be reviewed for completion upon their arrival and you will be contacted if any additional information is required. If you are currently on the Mansfield Fee Reduction program or received a Betsy Hamill Memorial Campership this year you **do not** need to include any additional documentation with your application.

If you have any questions, please contact me at 860-429-3315 or delvalled@mansfieldct.org.

Best regards,

Dorothy Del Valle Human Services Administrative Service Specialist

Mansfield Department of Human Services Back-to-School Program Application



Name of Parent/Guardian:	Phone:			
Address:	Town:		Zip Code:	
CHILDREN RESIDING IN	HOUSEHOUD F	NTERING	G GRADES K	-12 IN FALL OF 20°
THEDREN RESIDING IN	HOUSEHOLD I		GRADES K	TIZ INTALL OF 202
Name(first and last)	Relationship	Gender	Date of Birth	School Name & Grade entering in Fall 2021
☐ Walmart ☐ T.J. Maxx PLEASI I/my household is currently of	☐ Staples ☐ E CHECK ON In the Town of Mans	E OF TH	HE FOLLO	WING
Betsy Hamill Memorial Campresidency and income docur	nents with this app	lication to q	ualify for the Ba	ack to School program.
I/my household does not wish to the residency requirements the Back to School program.				
My current annual gross income				
Please enclose ALL of the formProof of Residence			nsfield for more	than three months during
the				
• Three (3) most red	eding year. ent pay stubs for all	income earr	ners in the house	hold
 Copy of other sour 	rces of income (if ap	plicable) i.e	.: Social Security	y, Private Pension,
	Workman's Comp, Child Support, etc.	-	enefits, Veterans	s Benefits, Rental Income
			be known in dete	ermining your eligibility.
nereby certify that the informa				
				A 1'
gnature	I	 Date		Applicant