



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. Current approval letter attached.
- Have an active Fee Waiver. Current approval letter attached.

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

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:

Please check all that apply.

Participant New Returning

Do you have access to transportation? Yes No

Do you visit a Farmer's Market to purchase local produce? Yes No
If so, approximately how many times per year? _____

What motivated you to apply for this program? What do you hope to gain from this program?
Please check all that apply.

Access to local produce Help supplement food costs

Ability to connect with local farms

Other _____

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

Are you interested in participating in a CSA (Community Supported Agriculture Share)?
Please note the CSA program is a cost share program and participants are responsible for a small cost to participate.

Yes No

Are you interested in participating in the fresh food distribution?

Yes No

For more information about these programs, please see the attached flyer.

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 _____

Mansfield Farms to Families 2022 Program

The Mansfield Farms to Families program goal is to connect local farms with residents through food.

This is accomplished by providing partially sponsored CSA shares and fresh produce distributions to Mansfield residents who qualify.

What is a CSA?

A CSA or Community Supported Agriculture is a program where the participant pays* the farm at the beginning of the year for crops grown during the harvest season. Once the produce is picked by the farm the participant picks up their share according to the farm's set schedule. This usually happens on a weekly basis for a number of weeks. (e.g. every Wednesday for 13 to 18 weeks)

*MFFP approved households will receive a partially sponsored share with the remaining balance paid by the participant. (e.g. CSA share cost \$500 - \$300 sponsored share = \$200 payed by the participant)
Approved households do not have to participate in both programs and there are a limited number of CSA spots available.

What is a food distribution?

Food distributions are local sourced fresh produce and food products from area farms. Typically food distributions are coordinated at least 5 times throughout the harvest season and consists of variety of produce, milk and eggs. Approved households are notified of the location and future distribution dates based on product availability.



We appreciate your household participating in our Mansfield Farms to Family program. We are hoping you will complete the following survey so we may demonstrate to our funding source how important this program is to our community.

1. How long have you lived in Storrs Mansfield? _____

2. How many people live in your household? _____ # of adults _____ # of children <18 yrs.

3. How would you describe your race/ethnicity?

- Asian American Indian/Alaska Native Hispanic or Latino
 Black, African American White, Non-Hispanic Multi-racial/ethnic
 Hawaiian/Pacific Islander Other

4. What is the annual income in your household?

- Under \$10,000 \$10,000 - \$24,999 \$25,000 - \$39,999
 \$40,000 - \$54,999 more than \$55,000

5. Do you, or anyone in your household, currently use....? (Check all that apply)

- WIC (Women, Infant, Children) Farmers market Vouchers Food Stamps (SNAP)
 Food Pantry other source of free or discounted food? (Church, etc.)

6. Where do you most commonly buy your food? (Please check all that apply)

- Convenience Store/Gas Station
 Discount Store (Family Dollar, Dollar General, etc.)
 Grocery Store (Wal-Mart, Big Y, Aldi etc.)
 Farmers market or Roadside Stand or other local producer
 Eat at restaurants most often/go to drive-through

7. Do you purchase food directly from local producers? Yes No

If yes, which one? _____

If no, why not? Would you be interested? _____

8. Do you find it challenging stretching your food budget to the end of the month?

- Yes No

If yes, what do you do in those months? _____

9. Do you feel you are getting enough fruits and vegetables, eggs, milk, whole grains?

- Yes No

If no, what are the biggest reasons?

- Do not purchase Cost Other _____

Any foods in particular? _____