



TOWN OF BERLIN
SOCIAL & YOUTH SERVICES DEPARTMENT
240 KENSINGTON ROAD BERLIN, CT 06037

Client Intake Form

TYPES OF AVAILABLE RESOURCES:

- Affordable Housing Renters Rebate Holiday Assistance
 Food Pantry Medicare Counseling Other _____

Client Information

Head of Household _____

Address _____

City, State, Zip _____

Phone _____ Cell Home Work **Phone** _____ Cell Home Work

How long have you lived in Berlin? _____ **Email Address** _____

Birthdate _____ **Are you a US citizen?** Y N

Gender Female Male Non-Binary Other **If applicable** Disabled Wheelchair

Veteran Y N **Is anyone else in the household a veteran** Y N **Who?** _____

Reason for requesting assistance:

Assistance Currently Receiving

- SNAP \$ _____ Medicare/Medicare Savings Plan
 Women, Infants & Children (WIC) Section 8 Assistance; Voucher managed by _____
 State Health Insurance Subsidized Housing
 Energy Assistance Free or reduced lunch

Income will need to be provided.



Household Composition *(excluding yourself)*

Name	Relationship to Head of Household	Birthdate	Age	Gender

By signing this application, I understand that I give Berlin Social & Youth Services permission to investigate all aspects of my application and that this application may be rejected at the discretion of Berlin Social & Youth Services. I certify that the above information is true and correct.

Client Signature

Date

Food Pantry Assistance Hold Harmless Agreement Wavier

Must be signed if applying for **food pantry** services

Please understand that Berlin Social & Youth Services is a non-profit referral service, which is simply acting as intermediary between sponsoring families and donors and families seeking assistance. As a result, we disclaim all liability, which may result from the consumption of food or use of any donated item provided as a result of this application. The disclaimer includes, but is not limited to, any sickness, injury or death that may result from the receipt of goods or food consumption of contaminated food, spoiled food, or tainted food, or other injury or death caused by the acts of the sponsor.

I have read the above Hold Harmless Agreement in its entirety and fully understand the same. I hereby agree to hold Berlin Social & Youth Services, its Officers, Directors and Volunteers harmless from injury, illness or death that may result from the receipt, use and or consumption of the goods and food provided to me as a result of this application, in addition to any injury or death resulting from any acts of the sponsor.

Client Signature

Date