

Town of Old Lyme

Social Services Registration

Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____

Town: _____

Birth Date: _____

Home Phone #: _____

Cell #: _____

Social Security # _____

Marital Status: _____

Children, DOB, SS #'s

Are there any disabled family members living with you? _____ Name: _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____

Position: _____

Start Date: _____ Stop Date: _____

Phone #: _____

Wages: _____ Income Tax Return: yes no

*If unemployed – Receiving unemployment benefits _____ Amount: _____

Do you receive Social Security Benefits? _____ Amount: _____ Date Started: _____

Do you or should you be receiving child support? _____ Amount: _____ Back payments? _____

RENT/MORTGAGE INFORMATION

Own or Rent: _____

Monthly payment: _____

Landlord/Mortgage Holder Name: _____

Address: _____ Phone #: _____

MONTHLY BILLS – Please provide verification of each and a copy of your last bank statement

Heat: _____ Child Care: _____ Cable: _____ Other: _____

Phone: _____ Car Loan: _____ Cell Phone: _____ Other: _____

OTHER INCOME

List Sources: _____

CURRENT NEED

Mission Statement

It is the mission of the Town of Old Lyme Department of Social Services to enhance the quality of life and self-sufficiency of people in need of **EMERGENCY NON-CURRENT** financial services. We provide advocacy, planning, resources and deliver these services in partnership with public and private organizations. Services will be provided confidentially, courteously and promptly. No one will be discriminated against due to his or her race, color, natural origin, religion, sex, age, disability or marital status.

I hereby read the above Mission Statement and agreed to terms and conditions.

Applicant's Signature

Date

Social Services Coordinator

Date