



2026

The Town of Watertown Emergency Assistance Program Application

Temporary Assistance for Residents of Watertown-Oakville

Total Annual Family Income (include child support if applicable)

HOUSEHOLD INCOME GUIDELINES

| Household Size: | | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Under \$39,761 | Under \$51,996 | Under \$64,230 | Under \$76,465 | Under \$88,699 | Under \$100,933 | Under \$105,521 |

Clients must provide proof of income for everyone in the household over the age of 18 residing in the residence. See attached sheet for other documentation to be submitted with application.

Updated: Nov. 7, 2025

FOOD BANK

Pick up on Thursday

You will be given your assigned pick-up time when you call to register.

YOU MUST SHOW UP AT YOUR ASSIGNED TIME UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.

NO REQUESTS CAN BE MADE AT THE FOOD BANK. VOLUNTEERS ARE NOT ALLOWED TO HAND OUT ITEMS DURING PICK-UP. PLEASE DO NOT GO THROUGH BAGS INSIDE THE FOOD BANK.

12:30 – 2:00 pm

OR

5:00 – 6:00 pm

At the “Old Pin Shop”

20 Main St, Building 8, 1st in rear

Oakville, CT 06779

You must call the office to be placed on the list for food pick-up by Tuesday at 4:00 pm to register (860)945-5252 or (860) 945-5246.

Cut off for registering is 4:00 pm with No EXCEPTIONS

You may use the food bank every other week according to the schedule you have been given, which goes by your last name. If you miss your week to sign up you must wait two weeks to sign up again

(Please Detach This Sheet & Retain for Your Records)

2026

Is this application: New, Renewal, or Update

(Please circle one)

Name: _____

Address: _____, Apartment/Floor # _____
OAKVILLE or WATERTOWN (**Please Circle**) Zip Code: 06779 or 06795 (**Please Circle**)

Email Address _____

Home Phone: (_____) _____ - _____ Cell Phone (_____) _____ - _____

Work Phone: (_____) _____ - _____ Date of Birth: ____/____/____

Driver's License # _____ State Issued: _____ Expires: _____

Vehicle License Plate: _____ Expires: _____

Vehicle Year: _____ Make & Model _____

Lien Holder/Financed By: _____ Until When: _____

Landlord: _____

Landlords Contact Info: (_____) _____ - _____ Copy of Lease (to be attached in application)

How Long at this Address: _____ When was the last time you required our services: Year/Date _____

PLEASE LIST ALL HOUSEHOLD MEMBERS (DO NOT INCLUDE YOURSELF)

Name: _____ **Date of Birth & Age:** _____ **SS#:** _____ **School/Grade:** _____

INCOME* (FOR ALL HOUSEHOLD MEMBERS)

SELF: \$ _____ SOURCE: _____ per: Week Month Year

SPOUSE: \$ _____ SOURCE: _____ per: Week Month Year

OTHER: \$ _____ SOURCE: _____ per: Week Month Year

CHILD SUPPORT: _____ per: Week Month Year

CHECKING ACCOUNT BALANCE*: \$ _____ BANK: _____

SAVINGS ACCOUNT BALANCE*: \$ _____ BANK: _____

OTHER ACCOUNT/IRA/CD/401K*: \$ _____ BANK: _____

(*attach copies of any income documents, including paystubs, along with a recent bank Statement

ARE YOU EMPLOYED: **Y / N** ARE YOU LOOKING FOR WORK: **Y / N** (***If employed fill out employer info below***)

Employer: _____ Supervisor: _____

Address: _____ Town _____ State _____ Zip _____

Phone Number: (_____) _____ - _____

Monthly Expenses

Please break down payments (such as taxes) into your MONTHLY payment, not the total paid for the year.

| | | |
|--------------------|--------------------------|---------------------|
| Rent \$: _____ | Car Payment \$: _____ | Insurance \$: _____ |
| Food \$: _____ | Telephone \$: _____ | Taxes \$: _____ |
| Heat \$: _____ | Credit Cards \$: _____ | Other \$: _____ |
| Electric \$: _____ | Medical/Dental \$: _____ | Other \$: _____ |

Comments

Cash Assistance Yes \$ _____ No _____

Food Stamps Yes \$ _____ No _____

State Medical Insurance Yes _____ No _____

By signing below, under Penalty of Law, I maintain that the information on this application is accurate to the best of my knowledge.

Name _____ Date _____

**ALL ITEMS LISTED BELOW ARE REQUIRED TO DETERMINE
ELIGIBILITY FOR USE OF THE WATERTOWN FOOD BANK
OR OTHER EMERGENCY SERVICES.**

In accordance with an independent audit of the Watertown Emergency Food Bank and Social Services, the following documents must be on record to be in compliance.

Application and documentation must be **updated annually** in order to continue using Watertown Social Services Programs, including the Food bank.

Please note you must be a regular member of the food bank to participate in the Holiday Programs.

Identification: Driver's License, State ID or other picture ID, which must have your current Oakville/Watertown address. If you have recently moved, you must update your ID within 48 hours. You will not be able to use Watertown services until you have updated your ID with a Watertown/Oakville residence/address with the Department of Motor Vehicles.

Income Verification for ALL household members over 18 years of age: Copies of pay stubs, tax returns, social security income, worker's compensation, child support/alimony (court order) or State Assistance (cash/food stamp approval letter).

Bank Statements: ALL Bank/Credit Union Accounts, including IRA'S, Savings and Checking. Provide most recent FULL bank statement (include all pages).

Proof of Residency: Utility bill showing name/address. Bill must be in your name

Lease/Mortgage Statement: Copy of current lease/mortgage statement must be provided.

Copy of most recent year income tax form

All items must be provided **PRIOR** to assistance being provided.

A child counts as part of the household if they live with you 4 out of 7 days and that child is enrolled in a Watertown Schools. Thank you for your anticipated cooperation.

Sincerely, *Jeanne Vichicli*

Watertown Food Bank Release of Liability

Name: _____

I, the undersigned, agree to abide by the rules of the Watertown Food Bank. I understand that I can use this service every two weeks. This excludes emergency situations (fire, flood, etc.).

I understand that I need to sign up by calling (860) 945-5252 or (860) 945-5246 **BY TUESDAY AT 4:00PM** on the week of distribution to be able to use the food bank that week. I have received the schedule showing the week I am eligible for .Example: **(A-L and M-Z)**.

If I break the rules, I will not be allowed to use the Watertown Food Bank. I understand that I am not allowed to go through my bags at the Food Bank. Requests will not be taken during your pick-up.

The food you are given has been donated. You are not allowed to return items to the stores for refund.

***If you are caught doing this you will not be allowed to use the food bank.**

I understand the Watertown Food Bank receives donations from various organizations, groups and individuals from the community. **The Food Bank is for residents of this community and, in the event, I move from Watertown/Oakville, I will notify the Food Bank immediately.**

The Town of Watertown makes no warranties or guarantees as to the quality or safety of the goods provided to you and/or your family. Furthermore, we disclaim all liability which may result from the consumption of food or use of any donated items provided as a result of this application. This disclaimer includes, but is not limited to any sickness, injury or death that may result from the receipt of goods or food or consumption of contaminated food, spoiled food or tainted food or other injury or death. By signing below, I hereby agree to hold the Watertown Food Bank, its directors, staff, personnel and volunteers harmless from any injury, illness, or death that may result from the receipt, use and/or consumption of the goods or foods provided to me as a result of this application.

Signature: _____ **Date:** _____

Watertown Human, Social & Leisure Services

Social Services Division



2026 WATERTOWN FOOD BANK

The Food Bank is available for residents of Watertown – Oakville. Food will be distributed on alternate Thursdays except where noted. Use your last name as a guide (A-L or M-Z) when signing up. The Watertown Food Bank is located at the Olde Pin Shop, 20 Main Street, Oakville. The Social Services office is located at the Watertown Town Hall, 61 Echo Lake Road, Watertown.

HOW TO REGISTER: Make sure your paperwork is all set with the main office. Call 860-945-5252 and speak with a staff member. You must call no later than 4 PM on the Tuesday of your week to register for food. Watch for special sign-ups for the holidays. See below dates.

WE NEED YOUR HELP: You are allowed to request up to 5 items. Please notify us every time you call on any special dietary needs and allergies. Every effort will be made to honor your request but it is up to you to check and verify ingredients, content and expiration.

BAD WEATHER, RECORDED NOTICES: Call 860-945-5272 **NOTICES:** Sign up for ALERTS on www.watertownct.org

| MONTH | DATE | LAST NAME | MONTH | DATE | LAST NAME |
|----------|------|------------------------|--------------|------|-------------------------------|
| January | 01 | CLOSED *New Years Day* | August | 06 | A-L |
| | 08 | A-L | | 13 | M-Z |
| | 15 | M-Z | | 20 | A-L |
| | 22 | A-L | | 27 | M-Z |
| | 29 | M-Z | September | 03 | A-L |
| February | 05 | A-L | | 10 | M-Z |
| | 12 | M-Z | | 17 | A-L |
| | 19 | A-L | | 24 | M-Z |
| | 26 | M-Z | October | 01 | A-L |
| March | 05 | A-L | | 08 | M-Z |
| | 12 | M-Z | | 15 | A-L |
| | 19 | A-L | | 22 | M-Z |
| | 26 | M-Z | | 29 | A-L |
| April | 02 | A-L | November | 05 | M-Z |
| | 09 | M-Z | | 12 | A-L |
| | 16 | A-L | Tuesday | 17 | ALL *Thanksgiving* Pick up |
| | 23 | M-Z | | 26 | CLOSED Thanksgiving* |
| | 30 | A-L | December | 03 | |
| MAY | 07 | M-Z | | 10 | |
| | 14 | A-L | Tuesday | 15 | ALL *Christmas* Pick up |
| | 21 | M-Z | | 17 | A-Z |
| | 28 | A-L | | 24 | CLOSED |
| June | 04 | M-Z | | 31 | CLOSED |
| | 11 | A-L | | | |
| | 18 | M-Z | January 2026 | 07 | A-L |
| | 25 | A-L | | | |
| July | 02 | M-Z | | | |
| | 09 | A-L | | | |
| | 16 | M-Z | | | |
| | 23 | A-L | | | |
| | 30 | M-Z | | | |