

CANTON Senior & Social Services



Gifts of Love



2025 BACK-TO-SCHOOL SUPPLIES PROGRAM

In partnership with Gifts of Love, Canton Youth Services Bureau and Avon Canton Rotary Canton Senior & Social Services will assist in providing back-to-school supplies to Canton students in need.

- ❖ Please **return applications for students entering grades k-12th by Wednesday, August 6th** to Senior & Social Services.
- ❖ Applicants must provide proof of Canton residency and/or attendance at Canton Schools.
- ❖ School supplies will be distributed August 18th – 21st by appointment only.
- ❖ If we do not receive a completed form by the deadline date, we will assume no assistance is needed this year.

APPLICANT INFORMATION

(Please write legibly)

Parent/Guardian Name: _____ Phone#: _____

Address _____ Town _____ Zip Code _____

Email Address: _____

Child's Name: _____ DOB: _____ Grade: _____ Backpack Needed? _____

Child's Name: _____ DOB: _____ Grade: _____ Backpack Needed? _____

Child's Name: _____ DOB: _____ Grade: _____ Backpack Needed? _____

Child's Name: _____ DOB: _____ Grade: _____ Backpack Needed? _____

Child's Name: _____ DOB: _____ Grade: _____ Backpack Needed? _____

Child's Name: _____ DOB: _____ Grade: _____ Backpack Needed? _____

Parent/Guardian Employment: Part Time _____ Full Time _____ Unemployed _____ Retired _____

Estimated Household Annual Income: _____ Number of People Living in the Household: _____

CANTON Senior & Social Services



Gifts of Love



Rotary
Avon-Canton

Please check all applicable assistance programs in which the parent/guardian/child is presently enrolled.

- | | |
|---|---|
| <input type="checkbox"/> HUSKY Health | <input type="checkbox"/> Connecticut Energy Assistance |
| <input type="checkbox"/> Food Stamps/ SNAP | <input type="checkbox"/> Rental Assistance Program |
| <input type="checkbox"/> State Administered General Assistance Program | <input type="checkbox"/> Section 8 Housing |
| <input type="checkbox"/> Subsidized Housing (HUD) | <input type="checkbox"/> Care 4 Kids |
| <input type="checkbox"/> Aid to Families with Dependent Children | <input type="checkbox"/> Women, Infants, & Children (WIC) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> TANF |
| <input type="checkbox"/> State Supplement to the Aged, Blind, or Disabled | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Not Currently enrolled in a state assistance program | |

Signature: _____ **Date:** _____

By signing this application, I am authorizing Canton Senior & Social Services the right to share information on this application with Gifts of Love for the purpose of enrolling in Gifts of Love programs.

Check this box if you are a current client of Gifts of Love.