**TOWN OF BOLTON**

Welcome to the Bolton Food Pantry

**Eligibility**

The Food Pantry is available for Bolton residents of all ages. Eligibility is based on household income. All individuals residing in the home are included, regardless of age or relationship.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Household** | **1** | **2** | **3** | **4** | **5** | **6** |
| Annual | $37,645 | $49,228 | $60,811 | $72,394 | $83,977 | $95,560 |
| Monthly | $3,137 | $4,102 | $5,067 | $6,032 | $6,998 | $7,963 |

**Hours of Operation**

The Food Pantry is located at the Bolton Senior Center, 104 Notch Road. The Food Pantry is open Mondays, Wednesdays and Thursday from 9:30 a.m. to 3:30 p.m. or by appointment or delivery.

**Operating Procedure**

Applications are confidential and remain on file. Renewal applications will be periodically requested to demonstrate continued eligibility. Participants must sign in at each visit. Participants are welcome to visit the Food Pantry every week.

**Available Items**

The Bolton Food Pantry offers non-perishable foods including canned goods and other kitchen staples. Paper goods, toiletries and household cleaners are offered but inventory may vary. Please notify a staff member if you have a particular request.

**Additional Help**

The Bolton Social Services Department is happy to help with eligibility or applications for other programs and services. Please contact us at 860-647-9196 to schedule an appointment.

**Bolton Senior & Social Services Staff**

Carrie Concatelli, MSW, Director

Karen Frost, Administrative Assistant

Pam Wentworth, Administrative Assistant

**TOWN OF BOLTON**

**Food Pantry Application**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Members**

|  |  |
| --- | --- |
| **Name** | **Date of Birth** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Income**

Include all income sources for all members of the household and how frequently it is received.

|  |  |  |
| --- | --- | --- |
| **Income** | **Take Home Amount** | **How Often** |
| Alimony |  |  |
| Child Support |  |  |
| Disability |  |  |
| Employment Wages |  |  |
| Friends/Family Contributions |  |  |
| Rental Income |  |  |
| Retirement/Pension/Annuity |  |  |
| Self-Employment |  |  |
| Social Security |  |  |
| SNAP (Food Stamps) |  |  |
| TANF, SAGA, SSI |  |  |
| Worker’s Compensation |  |  |
| Unemployment |  |  |
| Veterans Benefits |  |  |
| Other (Please specify) |  |  |

**Please provide staff with proof of each identified income source.**