

Town of Portland
P.O. Box 71, Portland, CT 06480
Child Care/Program Financial Assistance Application

Please answer the questions as completely as you can.

Name: _____

Address: _____

Phone# _____

Circle the Appropriate Quarter

Winter Spring Summer Fall

Program requesting financial assistance for: _____

Town Department: _____

Name of Child	Birth Date	Age

(all information will be considered confidential)

Do you receive any entitlement program? (IE: Food Stamps, Fuel Assistance, Reduced Lunch) YES NO

Do you meet the income guidelines below YES NO

Persons per Household	2 - per	3 - per	4 - per	5 - per	6 - per	7 - per
50% Gross Annual State Median Income	\$31,899	\$39,404	\$46,910	\$54,416	\$61,921	\$63,329

Please share your reasons for requesting Financial Assistance:

Please attach copy of two most recent pay stubs to application.
Mail application to Town Department that you are requesting assistance from.