Milk Fund Application

Family Resources Community Action
245 Main Street
Woonsocket, RI 02895

766-0900

Please attach proof of income and birth certificates to this application.

Date of Application:____________________ Current Recipient? Yes ☐ No ☐

Referred By: ☐ Self ☐ Family Resources Community Action ☐ Head Start ☐ Other:

Last Name:____ First Name:____________________________

Social Security #____________________________________ Date of Birth:_________________________

Spouse Name: _____________________________________ Date of Birth:_________________________

Address: ____ Apt #_________________

City/Town:__________________________________ State: ______________________ Zip:__________

Telephone: __________________________________

If you have no phone please provide the name and phone number of someone we can contact if we need to reach you.

Contact Name:____________________________________Contact Phone:_____________________

Please provide the following information for all other members of your household

Name	Age	Date of Birth	Gender
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F

Do you receive?:

Income from work	Yes ☐	No ☐			
Unemployment	Yes ☐	No ☐	FIP Payments	Yes ☐	No ☐
Social Security	Yes ☐	No ☐	Income from Owning Property	Yes ☐	No ☐
SSI Payments	Yes ☐	No ☐	Other:	Yes ☐	No ☐
SSDI Payments	Yes ☐	No ☐	Please specify Other:		
GPA Payments	Yes ☐	No ☐	________________________________		

What is your household income? $__________________ ☐ Every Week

☐ Every Two Weeks

☐ Every Month

Does anyone in your household have a medical condition that requires supplemental milk?

Yes ☐ No ☐

If Yes please provide:

Name Condition

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I give my permission for Family Resources Community Action representatives to discuss my case with whomever it is necessary to ensure the accuracy of the information I have provided. This release expires upon my termination from the Milk Fund.

Benefits are not guaranteed to all who are accepted. I understand that benefits are subject to the availability of funds to pay for the program. If there are any questions, call Family Resources Community Action at 766-0900.

Signature:_____________________________Date:______________________

Eligibility requirements and priorities established by the Board of Directors of Milk Fund, Inc.

1. Children of working low income families.
2. Children of low income families where the wage earner is recently unemployed.
3. Elderly (age 60 and older), with health or nutritional needs.
4. Children of families supported by a pension or SSI.