



445A Willard Ave
Newington, CT 06111

CLIENT INCOME VERIFICATION FORM

This information gives the administration of the Family Adult Day Care the ability to apply for grants to assist clients with financial hardship, scholarship assistance, or apply for grants to purchase goods and services for our program. This information will be kept confidential and is used for statistical information.

Name: _____

Address: _____

My monthly income is _____.

I understand that this information is for funding purposes and will be kept confidential.

Signature _____ Date _____