



CSSY TISHREI APPLICATION 2020

Bringing the joy and celebration of Shabbos and Yom Tov to hundreds of homes throughout the Crown Heights Community.
Kindly complete this application so Chevra Simchas Shabbos V'YomTov can better assist you.

Applicant Name	First _____	Last _____
Spouse Name	_____	
Address	_____	
House YES/NO	Apartment YES/NO	Apt ____ City _____ State ____ Zip _____
		Rent/Own

Marriage Status

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Widow with children | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated with children |
| <input type="checkbox"/> Widow | <input type="checkbox"/> Divorced with children | |

How many children do you have? _____

Please list your children below:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many children live at home over 21? _____

How many children currently live at home? _____

How many children will be home for Tishrei? _____

Email Address _____

Home Number	Cell Phone (Mother)	Cell Phone (Father)
(____) _____ - _____	(____) _____ - _____	(____) _____ - _____

Were you working prior to the COVID-19 pandemic? **YES/NO**

Has your work been affected due to COVID-19?

Yes, I've been laid off Yes, my hours were cut to part-time. No, Baruch Hashem!

Did you apply for Unemployment Benefits & COVID-19 Government Relief? **YES/NO**

Will you be home for Tishrei? **YES/NO**

Are you hosting guests for Tishrei? If so, how many? _____

Do you receive government assistance? Please indicate which:

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Welfare | <input type="checkbox"/> SSI | <input type="checkbox"/> City Feps |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> HUD | <input type="checkbox"/> IHSS |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> WIC | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Section 8 | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Unemployment | | |

Do you receive assistance for Tishrei from other organizations? **YES/NO**

Reference #1

Name _____
Number (_____) _____ - _____

Reference #2

Name _____
Number (_____) _____ - _____

Comments: _____

Please review this application before submitting to make sure all information is correct and accurate.

*Applying is **not** a guarantee that services will be provided.* Though CSSY will attempt to help all individuals in need of kosher food, in the case of limited resource, the organization will prioritize candidates based on need and first come – first serve basis.

Please submit this application by mailing it to CSSY's office at 593 Montgomery St. Brooklyn, NY 11225 or email it to CSSYOFFICE@GMAIL.COM.

Upon approval, someone from our office will contact you regarding eligibility for CSSY vouchers.