



CSSY PESACH 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 _____ Apt _____ City _____ State _____ Zip _____
 House **YES/NO** Apartment **YES/NO** Rent/**Own**
 Email Address _____
 Home Number _____ Cell Phone (Mother) _____ Cell Phone (Father) _____
 (____) _____ - _____ (____) _____ - _____ (____) _____ - _____

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? _____ How many children currently live at home? _____
 How many will be home for Pesach? _____

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

Are you hosting guests for Pesach? 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 |

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

Reference #1

Name _____

Number (____) _____ - _____

Reference #2

Name _____

Number (____) _____ - _____

Comments: _____

Please review your application before submitting to ensure 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.
If you feel you may need on-going assistance, please contact us after Pesach.