



State of Connecticut  
Department of Social Services

# FastLink

(Application Cover Sheet)

This address must  
display in window  
of return envelope.



DSS ConneCT Scanning Center  
PO Box 1320  
Manchester CT, 06045-9968

**IMPORTANT: YOU MUST FILL OUT AND SEND THIS COVER SHEET WITH YOUR APPLICATION.**

**What is your first name?**

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**What is your last name?**

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**What is the zip code where you live?**

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**If you have a client ID, write it here:**

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Make a clear, dark mark ● in each circle that applies to you and the people you are applying for.

**Who are you applying for?**

- ☐ Only myself
- ☐ Myself and my spouse
- ☐ Myself and my family
- ☐ Only children under 19 in my care

**What are you applying for?**

- ☐ SNAP (Supplemental Nutritional Assistance Program/Food Stamps)
- ☐ Medical Coverage (Health Insurance)
- ☐ Family Planning Coverage
- ☐ Nursing Home or Home-Based Care
- ☐ Cash

Are you pregnant? ☐ Yes ☐ No

Do you live in a licensed residential care facility (boarding home)? ☐ Yes ☐ No