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| **Clothing and Household Items Program**  **ALL CATEGORIES MUST BE FILLED IN TO BE ELIGIBLE FOR PROGRAM.** | |
|
| **INFORMATION** | **DETAILS (Filled out completely by requesting agency/organization)** |
| DATE OF REQUEST |  |
| NAME OF PARTICIPANT |  |
| STREET ADDRESS |  |
| CITY, STATE, ZIP CODE |  |
| DATE OF BIRTH |  |
| PHONE NUMBER |  |
| ORGANIZATION AND NAME OF INDIVIDUAL REFERRED BY |  |
| BARRIER(S) TO EMPLOYMENT |  |
| GOODWILL LOCATION REQUESTED |  |
| CLOTHING REQUESTED (Attire to Hire):  Maximum 2 full outfits, 1pair of shoes.  **NOT APPLICABLE** on New Goods |  |
| KIDS CLOTHES REQUESTED:  Up to $25 per child  (Not applicable on New Goods) |  |
| HOUSEHOLD ITEMS REQUESTED  (no new goods included) |  |
| VOUCHER AUTHORIZED BY:  (Goodwill Mission Staff) |  |
| VOUCHER EXPIRATON DATE:  (Goodwill Mission Staff) |  |
| **COUPON CODE:(STORE USE ONLY)** |  |

Recipients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Store Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal use: Number of items received: \_\_\_\_\_\_\_\_\_\_ Total value of items received: \_\_\_\_\_\_\_\_\_\_\_