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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 | ENTER INFORMATION |
| NAME OF PARTICIPANT | (IF CHILD) NAME OF CHILD  (IF PARENT) NAME OF PARENT/PARTICIPANT |
| STREET ADDRESS | ENTER REQUIRED INFORMATION |
| CITY, STATE, ZIP CODE | ENTER REQUIRED INFORMATION |
| DATE OF BIRTH | 00/00/0000 |
| PHONE NUMBER | 000-000-0000 |
| ORGANIZATION AND NAME OF INDIVIDUAL REFERRED BY | NAME OF PERSON  NAME OF AGENCY |
| BARRIER(S) TO EMPLOYMENT | EXAMPLE: low income, homeless, under employed |
| GOODWILL LOCATION REQUESTED | Store location desired |
| CLOTHING REQUESTED (Attire to Hire):  Maximum 2 full outfits, 1pair of shoes.  **NOT APPLICABLE** on New Goods | **What participant needs** |
| KIDS CLOTHES REQUESTED:  Up to $25 per child  (Not applicable on New Goods) | **What child needs** |
| HOUSEHOLD ITEMS REQUESTED  (no new goods included) | **Up to 100.00** |
| 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: \_\_\_\_\_\_\_\_\_\_\_