|  |
| --- |
| **Clothing Voucher 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 OR EMAIL ADDRESS  |  |
| ORGANIZATION AND NAME OF INDIVIDUAL REFERRED BY |  |
| CLOTHING NEEDED DUE TO:(GENERAL NEED, FIRE/EMERGENCY. OTHER) |  |
| GOODWILL LOCATION REQUESTED FOR VOUCHER  |  |
| CLOTHING REQUESTED(Attire to Hire):$50 OF CLOTHING/SHOES |  |
| KIDS CLOTHES REQUESTED:$25 OF CLOTHING/SHOES |  |
| VOUCHER AUTHORIZED BY:(Goodwill Mission Staff) |  |
| VOUCHER EXPIRATON DATE:(Goodwill Mission Staff) |  |

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

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

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

Total value of items received: \_\_\_\_\_\_\_\_\_\_\_