|  |  |
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| **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: \_\_\_\_\_\_\_\_\_\_\_