

## Jose's Closet Member Information & Shopping Form

Name:												
Address:												
mail: Phone:												
Knowing if we serve low-income families helps us meet program requirements to maintain our non-profit status and be approved as a Qualified Foster Care Charitable Organization in the state of Arizona, as well as being eligible for grants and other programs.  If your household qualifies for TANF (Temporary Assistance for Needy Families), for free school lunches, or is considered at 150% or lower of the federal poverty level, you may be considered low-income. (We are not asking if you receive any of these programs; we only need to know if you qualify.)  Before receiving any benefits, does your family qualify as low-income?  Yes  No  Not Sure												
Jose's Closet Liability Waiver												
Jose's Closet is a nonprofit 501(c)3 charitable organization. We receive many donations from various community partners and from the general public. These donations are then passed on to our members, some for a small donation, intending to help ease the expense of raising Arizona Foster Children. We do not and cannot guarantee any equipment or goods that come to Jose's Closet. They are distributed "as is" and are intended for use with safety in mind.												
I understand that any equipment, toys, formula, or other items received from Jose's Closet were purchased for or gifted to me "as it will not hold Jose's Closet responsible for any liability. Jose's Closet Board reserves the right to accept or decline new/renewal memberships.												
Jose's Closet Member Policies												
Jose's Closet has created Member Policies intended to help members understand what offerings are available, to outline how Jose's Closet operates, and to explain why data is collected.												
I agree to follow Jose's Closet Mer above, which I will keep current.	to the email address I have listed Initial:											
Jose	e's Closet Check-In	ı & Check-Out P	rocedı	ıres								
· · · · · · · · · · · · · · · · · · ·		rival / departure dates of	the childre	en in the household.								
I understand and agree to follow (	Check-In / Check-Out Procedu	res.		Initial:								
I have completed this form to	the best of my knowledge	and will keep the infor	rmation o	n it up to date.								
Signature:	D	Date:										
	For Office Use Only, To Be Comp	pleted by Jose's Closet Staff / Vo	olunteers									
New Member / Renewal	Rec'd By:			Form Received on:								
Daywaant Mathadi aash /abaali	Charlette	Dane:		Descript Date:								

Member Name: Renews on:

Please list all children currently part of your household. This form will be kept at Jose's Closet and should be updated at each visit.

		Gender	Relationship	Physically Disabled, Chronically III, Ongoing Medical Care? (Y/N)*	Ethnicity/Race (list all that apply)	Complete for all children In Care				
Child's Full Name Please include all children in the home up to age 21 years.	Birthday (mm/dd/yy)					Date Entered Home MM-YY	Date Left Home MM-YY	Child's Case ID # or CMDP # or Caseworker Name & Phone #		
Relationship – please choose: AS: Adopted, with Subsidy AW: Adopted, no Subsidy B: Biological Child C: In Care (Foster or Kinship Placement)										

Ethnicity/Race (include all that apply): A: Asian B: Black/African American H: Hispanic/Latino

N: Native American P: Pacific Islander W: White/Caucasian O: Other (please note)

Knowing the demographics of the children we serve, including gender, ethnicity/race, disability status, and income levels, allows us to qualify for funding sources such as the Arizona QFCO Tax Credit, grants, and other aid. This information is used to calculate total population served, not in an individual way.

TO BE COMPLETED BY JOSE'S CLOSET STAFF														
	Shopping Visit 1	Shopping Visit 2	Shopping Visit 3	Shopping Visit 4	Shopping Visit 5	Shopping Visit 6	Shopping Visit 7	Shopping Visit 8	Spring Event	Back to School Event	Fall Event	Winter Event	Special Event	Other
Enter visit date														
Food Bank Visits	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12		
Volunteer Shifts Date														
Volunteer Shift Hours Worked														

Member Name: Renews on: