

Matthew's Closet Membership Application

Documents we except for membership verification are;

Arizona Department of Child Safety License

Notice to Provider(s)

And/Or

Adoption Decree(s)/Guardian Custody Orders

Applicant(s) name: _____ (Must match name(s) on document submitted.)

Address: _____ **City:** _____ **AZ, ZIP** _____

Email: _____ @ _____ .com **Phone:** (_____) _____ - _____

Is your family eligible for TANF or are you an Arizona low-income household, according to Arizona Tax Regulations and/or comply with Federal 150% Guidelines? (Please Consider your income prior to any benefits you receive as a foster/adoptive family.) **WE ARE ONLY WANTING TO KNOW IF YOU QUALIFY NOT IF YOU RECEIVE ANY BENEFITS.** *Serving qualifying families helps us continue to offer our Matthew's Pantry services.*

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Matthew's Closet Liability Waiver

Matthew's Closet is working towards becoming a nonprofit 5013c charitable organization. We are working towards receiving donations from various community partners and from the general public. These donations are then passed on to our members, with a small membership fee of \$50.00, intending to help ease the expenses of raising Arizona Foster Children. We do not and cannot guarantee any goods and or equipment that come to Matthew's Closet. They are distributed "**AS IS**" and are intended for use with supervision and safety in mind as directed by its manufacturer.

By signing you are saying; *I understand that any equipment, toys, formula, or other items received from Matthew's Closet were given to me "AS IS" I will not hold Matthew's Closet responsible for any liability. Matthew's Board reserves the right to accept or decline new/renew memberships.*

Signature: _____ Date: _____ / _____ /20_____

Matthew's Closet Membership Policies

Matthews Closet seeks to serve foster, adoptive, kinship families as well as those who have aged out until 21 years of age. In order to effectively serve our members we kindly ask that you follow our Membership Policies. Membership Policies are outlined in our Membership code of conduct which will be posted at our resource center you can also view by clicking this link;

https://docs.google.com/document/d/1oNpxpsVQWqB-hwHd6wMGCnT7wLW1QN-8v-oFX4_28V8/edit?usp=sharing a copy of The Members Code and Conduct will be emailed to approved members upon processing their new member/renewal application. Members not following the posted Policies may be given a written/verbal warning and continued issues will more than likely result in having their membership revoked.

Matthew's Closet and it's; Staff, Volunteers, and Members does not and shall not discriminate on the basis of; race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

I understand and agree to follow the membership policies and code of conduct outlined above by Matthew's closet.

Signature: _____ Date: _____ / _____ /20_____

Children's Name(s):(please include all children in the home under age 21.)

1.	Relation: A F K B	6.	Relation: A F K B
Date of Birth:	Race: A B H N P W O	Date of Birth:	Race: A B H N P W O
2.	Relation: A F K B	7.	Relation: A F K B
Date of Birth:	Race: A B H N P W O	Date of Birth:	Race: A B H N P W O
3.	Relation: A F K B	8.	Relation: A F K B
Date of Birth:	Race: A B H N P W O	Date of Birth:	Race: A B H N P W O
4.	Relation: A F K B	9.	Relation: A F K B
Date of Birth:	Race: A B H N P W O	Date of Birth:	Race: A B H N P W O
5.	Relation: A F K B	10.	Relation: A F K B
Date of Birth:	Race: A B H N P W O	Date of Birth:	Race: A B H N P W O

Relation: A: Adoptive F: Foster K: Kinship B: Biological

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

H: Hispanic/Latino N: Native American P: Pacific Islander W: white/Caucasian O: Other

-----Office Use Only, To Be Completed By A Matthew's Closet Admin-----

Received By:	Date Received: / /20	Staff Initials:
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