

Application for TANF Funded Services

Clothing Request Form

ONE COPY OF THIS PAGE IS REQUIRED PER FAMILY.

Please read the following and check that you understand how our program works.																							
Clothing packs may take up to 3 weeks to complete due to the high volume of requests and varying quantity of sizes we receive.																							
We will hold your clothing items for no longer than 3 weeks after we have contacted you to let you know they are ready.																							
We will happily exchange items within 2 weeks of receiving your items. Please contact us to schedule any exchanges.																							
We operate on gently used clothing donations. Some items may have flaws and we may not have certain sizes.																							
Give Like a Mother is committed to protecting and maintaining your privacy. The information you provide will be kept confidential.																							
The information you provide will not prevent you from receiving assistance. Please complete this form to the best of your knowledge and belief.																							
Referral Source				Referral Contact (if applicable)																			
For the purposes of this form, the parent, primary caregiver, or guardian is referred to as the APPLICANT.																							
Applicant's Name:																							
Applicant's Social Security Number (SSN):						Date of Birth																	
Street Address				City				Zip Code				Phone Number											
Applicant's Email																							
The applicant and all household members are residents of						County Name						State											
The applicant has an open or active Child Protective Services (CPS) case.						Yes No						If yes, please list the active CPS county below:											
The applicant has a child under the age of 18 living in the household.						Yes No																	
The applicant and all household members are citizens or lawful aliens.						Yes No																	
Please circle the number of household members (including all children and adults living in the home).																							
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">10</td> <td style="width: 20px; text-align: center;">11</td> <td style="width: 20px; text-align: center;">12</td> </tr> </table>												1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12												
Please list your household's total MONTHLY INCOME.																							
\$																							
<i>Include all types of income such as child support, worker's or unemployment compensation, and social security, including the income of a spouse if they live in the home.</i>																							
<i>If salaried, please divide by 12.</i>																							
Please read the following statement and provide a signature below.																							
I understand I am receiving TANF funded services. The information provided above is complete and correct to the best of my knowledge and belief.																							
Applicant's Signature										Date													
Representative's Signature										Date													

FOR AGENCY USE ONLY

Did the applicant attest to meeting the Family and Income Eligibility Requirements?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was the applicant approved or denied?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Organization Name				
Date				

Child's Name:											
Child's Social Security Number (SSN):						Date of Birth					
Child's Age				Child's Grade (if applicable)							
Please check the most applicable description.											
This child is my	Child	Niece or Nephew	What is the custody arrangement of this child?	I have legal custody of this child.				This child lives in my home full or part time.			
	Step Child	Foster Child		This child has been placed with me by the county.							
	Grandchild	Other Relative		I do not have legal custody of this child.							
	Sibling	Other		This is my partner or spouse's child.							
				I care for this child but they do not live with me.							

Clothing Request						
Please place a check mark in the grey box beside the choice you would like to select. Write in the jean and sports bra size your child wears (if applicable).						
Child's Gender	Male	Female at birth but prefers male clothing.		Should we include any of the following?	Jacket	Pajamas
	Female	Male at birth but prefers female clothing.			Underwear	Socks

Infant and Toddler Sizes	Youth Sizes	Adult Tops	Adult Bottoms	Shoe Sizes			Jean Size
Preemie	6x	Adult XS	Adult XS	Infant 1	Child 13	Adult 11	
Newborn	6-7	Adult S	Adult S	Infant 2	Youth 1	Adult 12	
0-3 months	7-8	Adult M	Adult M	Infant 3	Youth 2	Adult 13	
3-6 months	8-10	Adult L	Adult L	Infant 4	Youth 3	Adult 14	
6-9 months	10-12	Adult XL	Adult XL	Infant 5	Youth 4		
9-12 months	14-16 (may receive Adult XS)	Adult 2XL	Adult 2XL	Child 6	Youth 5		
12-18 months	16-18 (may receive Adult XS)	Adult 3XL	Adult 3XL	Child 7	Adult 6		
18-24 months	18-20 (may receive Adult M)	Adult 4XL	Adult 4XL	Child 8	Adult 7		
2T		Adult 5XL	Adult 5XL	Child 9	Adult 8		
3T		Adult 6XL	Adult 6XL	Child 10	Adult 9		
4T		Adult 7XL	Adult 7XL	Child 11	Adult 10		
5T							

Sports Bra Size	
<i>Sizes Youth S to Adult 3XL available.</i>	

If we do not have your child's clothing or shoe size available, what size should we provide?	
Clothing:	Shoes:

Additional Information
Please list any style preferences, favorite characters, special considerations, or sizing needs in the box below.