

Safe Futures CC

Essential Needs Request

Community Client Form



SF Staff Use Only	
Filled	____/____
Picked up	____/____
Date/Initials	____/____

Please print legibly and complete all contact information

Name _____ Date _____

Phone _____ Referring Agency _____

Staff Name _____ Phone _____

Clothing - Please circle items needed most - Color preference(s)? _____

Tops _____ size Pants _____ size Coat _____ size

Underwear _____ size Bra _____ size PJs _____ size Shoes _____ size

Other needs- please be as specific as possible to help us fill your needs as well as we can! (i.e. 4 water glasses, sheets - specify bed size, a pasta pot, 2 bath towels, shampoo, conditioner...)

Child Needs List

First Name _____ Age _____ Circle one: Boy / Girl

Clothing - Please circle items needed most - Color preference(s)? _____

Circle one: Child / Junior / Adult Sizes

Tops _____ Size Pants _____ size Coat _____ size

Underwear _____ Size PJs _____ size Shoes _____ size

Forms should be sent to: snoyes@safefuturesct.org

Clients or case workers will be notified when items are ready for pick up at Safe Futures Donation Area

Chris Watkins

(860) 460-4085

cell

on Tues Thurs

(860) 447-0366

x 221
