

Welcome Basket Project: Chronically Mentally Ill Request for Assistance Form: sent in by caseworker only

NOTE: Please do not request items that are not needed. Our resources are limited! Don't send request until you are IN. Requests with bad or no addresses will **NOT** be filled.

Applicant's Name _____ Age _____ Male or Female? _____ Today's Date _____

Children in the household? Yes or No. Child's Name _____ M or F _____ Age _____ Size _____

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Please check supplies requested:

<u>Personal</u>	<u>Bedroom</u>	<u>Household</u>	<u>Kitchen</u>	<u>Bathroom</u>
<input type="checkbox"/> Deodorant	<input type="checkbox"/> Blankets	<input type="checkbox"/> Alarm Clock	<input type="checkbox"/> Can Opener	<input type="checkbox"/> Bath Soap
<input type="checkbox"/> Tampons	<input type="checkbox"/> Pillows	<input type="checkbox"/> Broom	<input type="checkbox"/> Glasses	<input type="checkbox"/> Bath Towels
<input type="checkbox"/> Kleenex	Please choose only one size below:	<input type="checkbox"/> Dust Pan	<input type="checkbox"/> Cookware	<input type="checkbox"/> Shower Rings
<input type="checkbox"/> Razors		<input type="checkbox"/> Laundry Soap	<input type="checkbox"/> Dishes	<input type="checkbox"/> Toilet Paper
<input type="checkbox"/> Shave Cream (men only please)	<input type="checkbox"/> Twin Sheets	<input type="checkbox"/> Mops	<input type="checkbox"/> Dish Towels	<input type="checkbox"/> Toilet Cleaner & Brush
<input type="checkbox"/> Toothpaste	<input type="checkbox"/> Full Sheets	<input type="checkbox"/> Sponges	<input type="checkbox"/> Oven Mitts	<input type="checkbox"/> Scouring Powder
<input type="checkbox"/> Toothbrush	<input type="checkbox"/> Queen Sheets		<input type="checkbox"/> Flatware	<input type="checkbox"/> Waste Basket
<input type="checkbox"/> Shampoo	<input type="checkbox"/> King Sheets		<input type="checkbox"/> Dish Soap	<input type="checkbox"/> Scouring Pad
<input type="checkbox"/> Conditioner			<input type="checkbox"/> Cooking Utensils	<input type="checkbox"/> Shower Curtain

If you have any special need, what is it? _____

Have you ever been convicted of a crime of violence? _____

Referring Caseworker's Name or Organization _____ Phone #: _____
(We will **NOT** deliver without a caseworker's name and Phone number)

By signing here I authorize this information to be released to HOME COMFORTS, INC. I understand that they may give it to someone else.

Signature: _____ Date: _____

COMPLETE New Address & Name of Complex:

Current Phone #: _____ We will not deliver until you are actually **IN!**
Is there any time, **including weekends**, you are **NOT** home? _____.

DELIVERY RECEIPT:

Client's Signature: _____ Date: _____

Caseworker: Please fax to 1-866-578-2093

Home Comforts Distribution Center
5258 Evers Road San Antonio, Texas 78238
Pat Thompson - Phone: 210-517-3464
E-mail: evershomecomforts@yahoo.com

Executive Director: Patsy Cheyney
311 S. St. Mary's #5T San Antonio, TX 78205
Phone: 210-222-8736
E-mail: bexarhomecomforts@satx.rr.com