CONTACT
Community Services

THE CLOTHES LINE - CLOTHING REQUEST FORM

All Items are from The Clothes Line in Alliston

Date ***(Request is Vaild for 30 days from this date):*** | Month | Date | YEAR |

Client's Name(s) - *Adults only* : _____

Children & Ages - *if applicable* : **Child 1** **Child 2** **Child 3** **Child 4**

Requesting Organization/Agency: _____

Client's Worker/Volunteer name: _____ **Phone:** _____

****Without charge for each adult and their children.** (Two of each item requested per individual only - 1 only for seasonal items)**

An individual can potentially access the Clothes Line *QUARTERLY* (This will be assessed on a case by case basis)

Please check off applicable items needed *(If more than 2 Adults or 4 children please complete a second form and submit together)*

To be filled out by referring Organization/Agency ⇩							Filled out by Clothes Line Staff ⇩							
Items Requested	**Adult 1**	**Adult 2**	**Child 1**	**Child 2**	**Child 3**	**Child 4**	**DATE**	**A1**	**A2**	**C1**	**C2**	**C3**	**C4**	**VALUE**
Tops/t-shirts														
Sweaters														
Dresses/Tops														
Pants/Bottoms														
Shorts														
Undergarments														
Socks														
Pajamas														
Jacket/Coat														
Boots/Shoes/Sandals														
Seasonal items														

Household Items (Only at Alliston Location) ⇩

Household Item	Date Received	Item Received	Value	Household Item	Date Received	Item Received	Value

T.L.C. Staff Signature: _____

Client Signature: _____