

2017 Houston Children's Charity Agency Request Form for Clothing



Date:

Organization Name:		
Organization Address (including city, state, zip):		
Contact Name:		Email Address:
Business Phone:	Business Fax:	Web Address:

Please provide information about the family below:

Name:		Preferred Language (circle one): Spanish/English
Address:		
City, State Zip:		
Home Phone:	Cell Phone:	Work Phone:
Email address: (as an alternate method of contact)		

How many children are in the family's care / legal custody? (Please note ages below)					
Boys Ages:					
Girls Ages:					

Has Houston Children's Charity offered assistance to this family in the past?	YES	NO
If yes, when? (program and year)		

Please advise the family of the following information:

- A representative of HCC will contact the family utilizing the information listed above as soon as a Closet visit is available; if we are unable to reach the family we will advise the contact person listed above
- If the family changes their contact information, they (or you) need to advise us so that we can keep our records up to date and ensure our ability to reach them in a timely manner

Please mail or fax this completed form to the following address:

Houston Children's Charity
A Better Night's Sleep Program
5535 Memorial Dr., Suite F #562
Houston, TX 77007
Phone: 713-524-2878 Fax: 713-524-3199