

2018 Houston Children's Charity Agency Bed Request Form



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:					

How many TWIN beds is the family requesting?	
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Please note that HCC only provides beds for children between 4 & 18 years old.

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:

- HCC will contact the family utilizing the information listed above as soon as beds are 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.
- The family will be asked to make arrangements to pick up the beds.
- HCC provides a mattress, box spring, bed frame, set of sheets, a blanket, a pillow and a pillow case.
- Incomplete applications will not be processed.

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

Houston Children's Charity
 A Better Night's Sleep Program
 600 N. Shepherd Suite 104
 Houston, TX 77007
 Phone: 713-864-2824 Fax: 713-524-3199
 Email: ABNS@HoustonChildrensCharity.net

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