2025 Houston Children's Charity Agency Request Form for Clothing





Organization Name:			HCC Closet		
Organization Address (in	ncluding city, state, zip):	_			
Contact Name:		Email Address:			
Business Phone:	Business Fax:		ess:		
Please provide information	on about the family below:		_		
Name:			Preferred Language (circle one): Spanish/English		
Address:					
City, State Zip:					
Home Phone:	Cell Phone:	W	Work Phone:		
Email address: (as an alter	rnate method of contact)				
How many children are i	in the family's care / legal o	custody? (Please no	te 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 a	and year)				

Please advise the family of the following information:

- A representative of HCC will contact the family within 30-60 days utilizing the information listed above to schedule a Closet visit; 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 email or fax this completed form to the following address:

Houston Children's Charity HCC Closet Program 5151 Mitchelldale Street, Suite A4 Houston, TX 77092

Phone: 713-524-2878 Fax: 713-524-3199 Email: Closet@HoustonChildrensCharity.net