

APPLICATION FOR CLOTHING ASSISTANCE
DOUGLASS COMMUNITY SERVICES, INC.
711 Grand Avenue
Hannibal, MO 63401

updated 8/15/17 PW

Client can receive **four** free items per family member no more than **four** times per 12 month period. After the initial 12 months, the client must re-apply for assistance. Clothing assistance is available Monday thru Friday 9:00 a.m. to noon.

Last Name _____ First _____ Date _____

Address _____ City _____ Zip Code _____

County _____ Phone _____ Referred by _____ (optional)

(1) List all members of household, including yourself; (2) Gross monthly income for each person including any public assistance; (3) Age; (4) Signature certifying the income given is correct; (5) Photo ID and SS card for all household members listed.

Income statements for the last month, photo IDs and SS cards verified by: _____ Date: _____

PLEASE PRINT

(1) Name (begin with yourself) (2) Income/Source (3) Age (4) Signature

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You must provide SS cards and proof of the last month's income for ALL persons in the household.
(Sources: SSI, Social Security, unemployment, wages, disability, child support, etc.).

I, the undersigned, certify that the information furnished is true and correct and authorize Douglass Community Services Clothing Store representative to verify the information in order to determine eligibility for services. I certify I am receiving clothing assistance free for my family's use only. I understand it is illegal to barter or sell the clothing and any donation I wish to make is voluntary.

Signature _____ Date _____

Date _____ # of items rec'd. _____ Employee Initials _____ Client Initials _____

Date _____ # of items rec'd. _____ Employee Initials _____ Client Initials _____

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Date _____ # of items rec'd. _____ Employee Initials _____ Client Initials _____