

## APPLICATION FOR CLOTHING ASSISTANCE

A client may receive six (6) free items per family member each month. Socks and underwear are not included in this voucher. A Maximum of two socks and underwear per person is allowed.

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Month of service: \_\_\_\_\_

List all members of the household, beginning with yourself. List the age of each person. Identification (photo ID or social security card) required for each person listed.

Identification verified by \_\_\_\_\_ Date \_\_\_\_\_

Name	Age	Signature

By signing below, I certify that the information provided is true and correct. I authorize Douglass Community Services to verify the information in order to determine eligibility for services. I am receiving clothing assistance for personal use only. I agree not to sell or barter any donation I receive.

\_\_\_\_\_  
 Signature and date