Resource Center Household Needs Request Form

Date:       Requestor:       Phone:       Agency:       Department:

Caregiver/Placement:       Reason for Request:       Date Needed:       Family Size:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Kitchen |  | microwave |  | Dishes |  | other |
|  |  | toaster oven |  | Glasses |  |  |
|  |  | coffee maker |  | Silverware |  |  |
|  |  | Pots and pans |  | Misc Kitchen utensils |  |  |
|  |  | Serving bowls |  | Kitchen Linens |  |  |
| bathroom |  | Bathroom Linens |  | Shower Curtain |  | other |
|  |  | Laundry basket |  | Rug |  |  |
|  |  | Shower rod |  | Waste Basket |  |  |
| Cleaning |  | Cleaning products |  | laundry Products |  | other |
|  |  | Broom/Dust Pan |  | Mop |  |  |
|  |  | scour pads |  |  |  |  |
| Personal Care |  | Dental Hygiene |  | Hair Care |  | other |
|  |  | Deodorant |  | Feminine Hygiene |  |  |
|  |  | Shower Products |  | Styling Products |  |  |
| living room |  | couch |  | stereo |  | other |
|  |  | chair |  | Tables |  |  |
|  |  | tv |  | Lighting |  |  |
| bedroom |  | beds *Select Quantity Below* |  | Bedspread *Select Quantity Below* |  | sheet Sets *Select Quantity Below* |
|  |  | Twin Full  Queen King |  | Twin Full  Queen King |  | Twin Full  Queen King |
|  |  | Lighting |  | Pillows |  | dresser |
| Other |  |  |  |  |  |  |

Additional information:       If delivery is requested for large items, provide address:       County:

Click here to [email](mailto:Kim.Avera@KidsCentralinc.org?subject=Enter:%20[Case%20Mngr]%20[Family%20Last%20Name]) form, attach form and fill in requested information in subject field.