

DATE: _____

PERSONAL INFORMATION		
Name: _____ Age _____	Social Security # _____	Driver's License State _____ Number _____
Spouse: _____ Age _____	Social Security # _____	Driver's License State _____ Number _____

ETHNIC BACKGROUND		MARITAL STATUS			Number In Household
African American or Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-ethnic <input type="checkbox"/> White <input type="checkbox"/>		Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/>			_____
Address _____	City _____	County _____	State _____	Zip Code _____	
Telephone Number: _____	Secondary Number: _____	Guardian Name: _____			

NAME(S) & AGE(S) SOCIAL SECURITY # of DEPENDENT CHILDREN					
Name: _____ Age _____	Name: _____ Age _____	Name: _____ Age _____			
Social Security # _____	Social Security # _____	Social Security # _____			
Name: _____ Age _____	Name: _____ Age _____	Name: _____ Age _____			
Social Security # _____	Social Security # _____	Social Security # _____			

LEASING INFORMATION				
Leasing Agent _____				Lease Date _____
Address _____	City _____	County _____	State _____	Zip Code _____

REFERRAL INFORMATION		
Agency: _____	Agent: _____	Phone Number: _____

ITEMS NEEDED			Hygienic Items Given Per Household	
			1	Toilet Tissue (2 Per person)
				Paper Towels
				Bath Soap(s) (1 per person)
				Deodorant(s) 1 per adult
			1	Tooth Paste
				Tooth Brush(es) (2 per person)
				Razors (2 per adult)
			1	Shaving Cream
			1	Shampoo/Conditioner
			1	Body Lotion
			1	Laundry Detergent
			1	Bleach
				All Purpose Cleaner
			1	Dish Detergent
			1	Mop
			1	Broom
			1	Shower Curtains

I hereby understand that upon receipt of the items listed above as requested from Essentially Yours that I will not be eligible to receive any additional assistance from Essentially Yours for another 18 months.
 By accepting these home good donations which includes electrical appliances I agree to hold neither Voices of the Streets, Inc., Essentially Yours, or its staff liable or responsible for any circumstances resulting from the receipt of these items.

Print Name _____	Print Name _____
Sign Name _____	Sign Name _____

VOLUNTEER INFORMATION		
Volunteer: _____	Organization: _____	Date: _____