



DISTRIBUTION DATE: _____

FAMILY DOCUMENTATION FORM

Complete one form for each family served.

Guardian 1 First Name:		Guardian 1 Last Name:		
Guardian 2 First Name (optional):		Guardian 2 Last Name(optional):		
Total Family Size [total number of family members including guardian(s)]:				
Income (monthly or annually):	Income Documentation Shown:	Income Valid (Y or N):		
Neighborhood (City of Cleveland only) or Municipality (Cleveland Suburbs):				
<input type="checkbox"/> Beachwood <input type="checkbox"/> Bedford <input type="checkbox"/> Bedford Heights <input type="checkbox"/> Berea <input type="checkbox"/> Brecksville <input type="checkbox"/> Broadway Heights <input type="checkbox"/> Broadway-North <input type="checkbox"/> Broadway-South/Slavic Village <input type="checkbox"/> Brook Park <input type="checkbox"/> Brooklyn <input type="checkbox"/> Brooklyn Center <input type="checkbox"/> Brooklyn Heights <input type="checkbox"/> Buckeye-Shaker Square <input type="checkbox"/> Central <input type="checkbox"/> Clark-Fulton <input type="checkbox"/> Cleveland Heights. <input type="checkbox"/> Collinwood/North	<input type="checkbox"/> Collinwood/South <input type="checkbox"/> Corlett <input type="checkbox"/> Cudell <input type="checkbox"/> Cuyahoga Heights <input type="checkbox"/> Detroit-Shoreway <input type="checkbox"/> Downtown <input type="checkbox"/> East Cleveland <input type="checkbox"/> Edgewater <input type="checkbox"/> Euclid-Green <input type="checkbox"/> Euclid <input type="checkbox"/> Fairfax <input type="checkbox"/> Fairview Park <input type="checkbox"/> Forest Hills <input type="checkbox"/> Garfield Heights. <input type="checkbox"/> Glenville <input type="checkbox"/> Goodrich-Kirtland <input type="checkbox"/> Highland Heights	<input type="checkbox"/> Highland Hills <input type="checkbox"/> Historic Warehouse <input type="checkbox"/> Hough <input type="checkbox"/> Independence <input type="checkbox"/> Industrial Valley/Duck Island <input type="checkbox"/> Jefferson <input type="checkbox"/> Kamm's Corners <input type="checkbox"/> Kinsman <input type="checkbox"/> Lakewood <input type="checkbox"/> Lee Harvard/Seville-Miles <input type="checkbox"/> Linndale <input type="checkbox"/> Lyndhurst <input type="checkbox"/> Maple Heights <input type="checkbox"/> Mayfield <input type="checkbox"/> Mayfield Heights <input type="checkbox"/> Middleburg Heights <input type="checkbox"/> Mt. Pleasant	<input type="checkbox"/> Newburgh Heights <input type="checkbox"/> North Olmsted <input type="checkbox"/> North Randall <input type="checkbox"/> North Royalton <input type="checkbox"/> Oakwood <input type="checkbox"/> Ohio City/Near West Side <input type="checkbox"/> Old Brooklyn <input type="checkbox"/> Olmsted Falls <input type="checkbox"/> Olmsted Township <input type="checkbox"/> Parma <input type="checkbox"/> Parma Heights <input type="checkbox"/> Puritas-Longmead <input type="checkbox"/> Richmond Heights <input type="checkbox"/> Riverside <input type="checkbox"/> Rocky River <input type="checkbox"/> Seven Hills <input type="checkbox"/> Shaker Heights	<input type="checkbox"/> Solon <input type="checkbox"/> South Euclid <input type="checkbox"/> St. Clair-Superior <input type="checkbox"/> Stockyards <input type="checkbox"/> Strongsville <input type="checkbox"/> Tremont <input type="checkbox"/> Union-Miles Park <input type="checkbox"/> University Circle/Little Italy <input type="checkbox"/> University Heights <input type="checkbox"/> Valley View <input type="checkbox"/> Walton Hills <input type="checkbox"/> Warrensville Heights <input type="checkbox"/> West Boulevard <input type="checkbox"/> Westlake <input type="checkbox"/> Woodland Hills <input type="checkbox"/> Woodmere <input type="checkbox"/> Other
Home Address:				
City:		State:	Zip:	
Phone Number:				
Referred By (choose one):				
<input type="checkbox"/> Advertisement <input type="checkbox"/> American Red Cross <input type="checkbox"/> Cleveland Municipal School District <input type="checkbox"/> Community Event <input type="checkbox"/> Cuyahoga County	<input type="checkbox"/> Day care <input type="checkbox"/> Distribution partner <input type="checkbox"/> Early Start <input type="checkbox"/> First Call for Help <input type="checkbox"/> Friend/Neighbor	<input type="checkbox"/> Head Start <input type="checkbox"/> Other social service agency <input type="checkbox"/> Project Act <input type="checkbox"/> Recipient <input type="checkbox"/> Religious Organization	<input type="checkbox"/> School (Principal, teacher, counselor) <input type="checkbox"/> Shelter <input type="checkbox"/> Shoes and Clothes for Kids <input type="checkbox"/> Social worker <input type="checkbox"/> Other	
Other Services Accessed At Your Site (choose all that apply):				
<input type="checkbox"/> After school programs <input type="checkbox"/> Child care/Day care <input type="checkbox"/> Counseling <input type="checkbox"/> Drug/alcohol counseling <input type="checkbox"/> Food pantry	<input type="checkbox"/> G.E.D. classes <input type="checkbox"/> Healthcare referral <input type="checkbox"/> Hot meals program <input type="checkbox"/> Housing assistance <input type="checkbox"/> Job placement	<input type="checkbox"/> Job training <input type="checkbox"/> Legal assistance <input type="checkbox"/> Referral to another community agency <input type="checkbox"/> Parenting classes <input type="checkbox"/> Religious services	<input type="checkbox"/> Thrift store <input type="checkbox"/> Utilities assistance <input type="checkbox"/> Youth programming <input type="checkbox"/> Other	
Notes:				

I understand that my family is only allowed to receive items from one Shoes and Clothes for Kids Distribution Site per distribution and that I will be ineligible for future distributions if I violate this policy.

Parent/Guardian's Name (PRINTED)

Parent/Guardian's Signature



DISTRIBUTION DATE: _____

CHILD DOCUMENTATION FORM

Complete one form for each child served.

First Name:	Last Name:																					
Birthdate (dd/mm/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn																					
Race: <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Two or more races <input type="checkbox"/> Caucasian <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Hispanic or Latino																						
Primary Guardian Last Name:	Primary Guardian First Name:																					
Items Distributed (record the <u>quantity</u> of each type of item the child receives): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">___ Accessories</td> <td style="width: 33%;">___ Pants</td> <td style="width: 33%;">___ Socks</td> </tr> <tr> <td>___ Bookbag</td> <td>___ School Supplies</td> <td>___ Swimwear</td> </tr> <tr> <td>___ Coat/Jacket</td> <td>___ Shirt</td> <td>___ Toys</td> </tr> <tr> <td>___ Dress</td> <td>___ Shoes/Boots</td> <td>___ Two-piece set</td> </tr> <tr> <td>___ Gloves/Mittens</td> <td>___ Shorts</td> <td>___ Undergarments</td> </tr> <tr> <td>___ Hats</td> <td>___ Skirt</td> <td>___ Other</td> </tr> <tr> <td>___ Infant Layette</td> <td>___ Sleepwear</td> <td></td> </tr> </table>		___ Accessories	___ Pants	___ Socks	___ Bookbag	___ School Supplies	___ Swimwear	___ Coat/Jacket	___ Shirt	___ Toys	___ Dress	___ Shoes/Boots	___ Two-piece set	___ Gloves/Mittens	___ Shorts	___ Undergarments	___ Hats	___ Skirt	___ Other	___ Infant Layette	___ Sleepwear	
___ Accessories	___ Pants	___ Socks																				
___ Bookbag	___ School Supplies	___ Swimwear																				
___ Coat/Jacket	___ Shirt	___ Toys																				
___ Dress	___ Shoes/Boots	___ Two-piece set																				
___ Gloves/Mittens	___ Shorts	___ Undergarments																				
___ Hats	___ Skirt	___ Other																				
___ Infant Layette	___ Sleepwear																					
Shoe Card ID Number [please record the second series of numbers on the Payless shoe gift card, not including the last number. (i.e. for card number 6006493050 002151063 write <u>0 0 2 1 5 1 0 6</u>): <div style="text-align: center; margin-top: 10px;"> _____ </div>																						