Covenant to Care for Children

Fax Request to: 860.243.0100 Phone: 860.243.1806

School Supply Request Form(Backpack and or School Supplies)

Social Worker:_____Agency:_____

Phone:_____Cell:_____Email:_____

Family Last Name:_____

Town of Residence:_____

Date of Request:_____

Date Filled:_____(CCC/Matched)_____

Pick Up Info:_____

First Name	Gender	Age	Grade