

1477 Park St., Suite 2 Hartford, CT 06106 Telephone (860) 243-1806 Fax (860) 243-0100 www.covenanttocare.org

Critical Goods Request Form

SW Supervisor's Signature:

Fax to: 860-243-0100

PLEASE PRINT CLEA	ARLY. INCOM	/IPLE	TE FORM	S CAN	TONI	BE P	ROCESSED	
Social Worker:			Agend	:y:				
Date of Request:								
Phone:	Cell:			Er	nail: _			
Client contact name:								
Delivery Address: Nu	mber, Street,	Apt#	[!] :					
City:	Zip: _		(Contac	t Phor	ne:		
Family Ethnicity: mar	k all that app	oly (fo	or reporti	ng pur	poses	only)	
African European_	_ Latino <i>A</i>	sian_	Other					
Item	Quantity List all persons less than 18 years of age living in household.							
Twin Bed						1		
Twin Sheet Set/Blanket			Gender	Age	Size		Purpose of Request	
Bunk Bed Set							Mandated by Court	
Crib							Reunification	
Crib Cover & Sheet Set							Family Support	
Baby Blanket							Independent Living	
Bath Towels							Family Preservation	
Kitchen Table							Relative/Foster Care	
Kitchen Chairs							Other	
Dressers							We do not accept used car seat	
Clothing							or any appliances.	3
Infant Items (Pls specify)							If your client needs something not on this list, please use CCC CEF request form.	
Other Furniture		_		1	<u> </u>	1	. 4	
Stroller/Car seat*		*Ci	rcle approj	priate				
SW Signature:]	Date:			

_Date:____