

Resource Closet Request Form

Date: _____ Worker: _____ Ext: _____

Case Name: _____

List each child's age & gender: _____

Number of children in family: _____ Number of Children needing this item or service: _____

- Assessment Case**
- Treatment Case: Child lives with : _____ Biological Parent _____ Biological Relative _____ Other Adult Caregiver**
- Foster Care Case**

What does this child/family need?

- Clothes: size(s) & gender(s) _____
- Toiletries
- Diapers (size) _____
- Baby items
- Toys
- Books
- School Supplies
- Other (explain): _____

What impact will this item or service have on this case? (Check all that apply)

- prevent foster care placement
- assist in closing the investigation
- close the case
- assist with relative placement
- establish stability and safe living condition
- provide health and safety for child
- keep siblings together
- meet educational needs of child
- assist with foster care placement

Explain the reason for the needed item(s)

How soon do you need this item? _____ If today, by what time? _____

HAVE YOU ALREADY PICKED UP YOUR NEEDED ITEMS FROM THE RESOURCE CLOSET? _____

For office use only

Items Given: _____

Date Request Filled: _____ Time spent on order: _____

Unmet Needs: _____

- Input