

Community Resource Order Form

How many people are in your immediate family? _____

Clothing

What type of clothing are you requesting? (shirts, pants, etc.)

Clothing Type	Gender	Age	Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School Supplies (What supplies are needed for your child?)

Notebooks _____ Crayons _____ Markers _____
Glue _____ Pencils _____ Folders _____
Other _____

Food Request

Needed _____ Not needed at this time _____

Please list any allergies _____

Community Resources

Are there additional family needs? We have some information for you.
(counseling, weatherization, etc.)

Name and Date _____ Phone Number _____

Children at FLW _____