

 **The Horton Charity is dedicated to providing children in state care with outfits (seasonal outfits), shoes, hygiene products, school supplies, and baby equipment/beds (AS INVENTORY ALLOWS)**

 **CASEWORKER INFORMATION REQUIRED. IF THERE IS NO CASE WORKER INVOLVED, CUSTODY/GUARDIANSHIP FROM THE COURT MUST BE FILLED OUT WITH THE HORTON CHARITY BEFORE A REQUEST IS PROCESSED.**

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**Check the below box to confirm that you will meet to pickup the items:**

Yes, I understand I am meeting up with an volunteer from The Horton Charity that we decide on together.

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How many children will you be requesting items for on this form?

(#01-05). If there is more than you will need to fill out more forms.

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The Child/Children are in a foster family, foster child, or kinship family?

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I am…. Foster Family, Kinship Placement, or DCS/Affiliate Caseworker

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Where the Children Currently Resides…

 Carter, Tennessee

 Greene, Tennessee

 Hawkins, Tennessee

 Sullivan, Tennessee

 Unicoi, Tennessee

 Washington county, Tennessee

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Child is From….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Name of the Person Filling Out the Form:

(Please list the name of the person that will be contacted if there are questions regarding this request.)

 First Name Last Name

Email Address of the person picking up the items:

Please provide a valid email address so when your items are fulfilled, we can let you know.

Phone number of the person filling to this form:

Please provide a personal number so we can contact you regarding questions or item fulfillment.

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My DCS Agent’s Name is…

Please provide the name of your DCS Agent and/ or local affiliate.

If you have guardianship/custody court paperwork and no DCS worker, enter your own information in these boxes and PLEASE EMAIL US at

\_\_(WE ARE WAITING TO GET OUR 501C 3 STATUS, TO GET GOOGLE G SUITE\_ with copies/photos of those documents attached to the email. Your request will not be processed until we receive this information.

 First Name Last Name

DCS Agent’s Contact Number

My DCS Agent’s Email is

I Am In Need Of….

Clothing, Hygiene Kits (Normal/products for black/Bi-racial/and textured hair), Shoes

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Urgency of Request

Please let us know how quickly we need to provide your items. (ASAP, 2 to 3 Business Days, In the next 7 days)

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Season Preference

Please let us know which season of clothing preferred. (Spring/Summer,Fall/Winter, Mix of Seasons, No Clothing Needed)

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Child 1

Please list the following information for child 1.

Shirt Size

Pant size

Under-ware/Panties/Diaper Size

Bra Size (if applicable)

Sock Size

Shoe size

If the child is in adult sized clothing please specify that they need Mens or Misses items next to the size.

Age of Child 1

Gender of Child 1

Female or Male

Special Requests

Winter Coat, Summer Swimwear, Hygiene Kit, Backpack, Lunch box, Stuffed Animal, Night Light, Books, School Supplies, Toys

Child Preferences

Please list any special preferences this child may have. (Examples: no pink, likes mickey mouse, does not wear jeans, prefers dresses or leggings, etc.)

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Child 2

Please list the following information for child 2.

Shirt Size

Pant size

Under-ware/Panties/Diaper Size

Bra Size (if applicable)

Sock Size

Shoe size

If the child is in adult sized clothing please specify that they need Mens or Misses items next to the size.

Age of Child 2

Gender of Child 2

Female or Male

Special Requests

Winter Coat, Summer Swimwear, Hygiene Kit, Backpack, Lunch box, Stuffed Animal, Night Light, Books, School Supplies,Toys.

Child Preferences

Please list any special preferences this child may have. (Examples: no pink, likes mickey mouse, does not wear jeans, prefers dresses or leggings, etc.)

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Child 3

Please list the following information for child 3.

Shirt Size

Pant size

Under-ware/Panties/Diaper Size

Bra Size (if applicable)

Sock Size

Shoe size

If the child is in adult sized clothing please specify that they need Mens or Misses items next to the size.

Age of Child 3

Gender of Child 3

Female or Male

Special Requests

Winter Coat, Summer Swimwear, Hygiene Kit, Backpack, Lunch box, Stuffed Animal, Night Light, Books, School Supplies, Toys.

Child Preferences

Please list any special preferences this child may have. (Examples: no pink, likes mickey mouse, does not wear jeans, prefers dresses or leggings, etc.)

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Child 4

Please list the following information for child 4.

Shirt Size

Pant size

Under-ware/Panties/Diaper Size

Bra Size (if applicable)

Sock Size

Shoe size

If the child is in adult sized clothing please specify that they need Mens or Misses items next to the size.

Age of Child 4

Gender of Child 4

Female or Male

Special Requests

Winter Coat, Summer Swimwear, Hygiene Kit, Backpack, Lunch box, Stuffed Animal, Night Light, Books, School Supplies, Toys.

Child Preferences

Please list any special preferences this child may have. (Examples: no pink, likes mickey mouse, does not wear jeans, prefers dresses or leggings, etc.)

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Child 5

Please list the following information for child 5.

Shirt Size

Pant size

Under-ware/Panties/Diaper Size

Bra Size (if applicable)

Sock Size

Shoe size

If the child is in adult sized clothing please specify that they need Mens or Misses items next to the size.

Age of Child 5

Gender of Child 5

Female or Male

Special Requests

Winter Coat, Summer Swimwear, Hygiene Kit, Backpack, Lunch box, Stuffed Animal, Night Light, Books, School Supplies, Toys.

Child Preferences

Please list any special preferences this child may have. (Examples: no pink, likes mickey mouse, does not wear jeans, prefers dresses or leggings, etc.)

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Baby Equipment Request

If you are in need of baby equipment:

Please list any needed equipment specifically. Please note that availability may be limited due to the high demand for these items.

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Bedding Frames/ Bedding/Cribs/ Crib Bedding

If you are in need of Bedding/Crib:

Please list any needed equipment specifically. Please note that availability may be limited due to the high demand for these items.

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Form Validation and Permission- the request will NOT be processed without consent marked below.

By signing below, I understand that the information provided in this form is accurate to the best of my ability and I agree to sign this form so *The Horton Charity* can fulfill my request.

First Name (Print:) Last Name (Print:)

First Name (Signature:) Last Name (Signature:)

Date:

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