



NEW BEGINNINGS/THE CLOSET

APPLICATION FORM

DATE _____

NAME: _____

ADDRESS: _____

TELEPHONE NO: () _____ CELLULAR NO: () _____

NUMBER IN HOUSEHOLD: _____ How Many Adults? () How Many Children? ()

Please state need for request (Print Clearly): (Examples—Homeless/Shelter, Fire, Recession/Unemployed)

Please fill out information below:

ADULTS:

Female Clothing Size _____ Female Shoe Size _____ Suit Size _____ Coat Size _____

Male Clothing Size _____ Male Shoe Size _____ Suit Size _____ Coat Size _____

CHILDREN:

Girl Child Age _____ Girl Clothing Size _____ Girl Shoe Size _____ Girl Coat Size _____

Girl Child Age _____ Girl Clothing Size _____ Girl Shoe Size _____ Girl Coat Size _____

Girl Child Age _____ Girl Clothing Size _____ Girl Shoe Size _____ Girl Coat Size _____

Boy Child Age _____ Boy Clothing Size _____ Boy Shoe Size _____ Boy Coat Size _____

Boy Child Age _____ Boy Clothing Size _____ Boy Shoe Size _____ Boy Coat Size _____

Boy Child Age _____ Boy Clothing Size _____ Boy Shoe Size _____ Boy Coat Size _____

NOTE: (Other Items—Socks, Underwear, Personal Products, School Supplies, Belts, Hats, etc.)

Other Items _____

Mail Application or Fax to:
COPWA/Guiding Light Programs
College Station, PO Box 561
New York, NY 10030
Fax No. (347) 326-8081
Lbridgingthegap@COPWA.org

Signature

Office Use Only

1st Request () 2nd Request (): Approved By _____ Distribution Date _____