

FRIENDS OF RI CASA

RHODE ISLAND FOUNDATION APA GRANT: HOMELESSNESS FORM

Child Name: _____

Attorney or Social Worker requesting the item: _____

We have a limited number of items.

Please check off only the items that are needed for the child.

These bags can be used for children moving into group homes, foster homes, or the VEC program into their own apartments.

_____ **Duffle Bag**

_____ **XL Black Storage Bag**

_____ **\$25.00 Uber Gift Card (one per child)**

*for transportation purposes including appointments, work, school

_____ **Winter Athletic Wear** (sizes SM – XL)
(Men & Women's Sweatshirts & Sweatpants)

_____ **Long Women's Winter Jacket** (sizes SM - XL)

_____ **Men's Winter Jacket** (sizes SM - XL)

PLEASE NOTE: Inside the bags will be assorted items such as toothbrushes, toothpaste, bodywash, shampoo/conditioner and other essential items.