

FRIENDS OF RI CASA
RHODE ISLAND FOUNDATION ARPA 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 for children in the VEC program moving into their own apartments.

_____ **Duffle Bag**

_____ **XL Black Storage Bag**

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

_____ **Long Women’s Winter Jacket** (sizes S - XL)

_____ **Men’s Winter Jacket** (sizes S - XL)

PLEASE NOTE: Included with the bags are assorted items such as toothbrushes, toothpaste, bodywash, shampoo/conditioner and other essential items.