

LIONS DEN COMMUNITY RESOURCE CENTER

REQUEST FORM:

NAME _____

ADDRESS _____

PHONE/CONTACT NUMBER _____ Cell _____

Car Make _____ Year _____

Housing: ___ Rent ___ Lease ___ Own ___ Homeless / Staying with others.

Job if employed: _____

Phone number for your work: _____

Income Verification, please show proof of low income:

How many family member: _____

DSHS Info. _____

ITEMS REQUESTED _____

NATURE OF EMERGENCY _____

ITEMS GIVEN _____

Furniture items will be given out only once unless destroyed by flood or fire, proof of this will be required.

Lions Den Community Resource Center, is not liable for any injury or loss of life , due to items given from this program.

Sign _____ Date _____

REFERRED BY: _____ Phone Number _____

For Official Use Only:

References Checked By: _____

RESOURCE WORKER: _____

Approved: ___ YES ___ NO - Why? _____