



Family Resource Center – Concrete Goods Request Form

Requests sent to frc@amarafamily.org

| Request Date: | | Requestor Name & Agency: | | Requestor Contact info: | |
|---|-------------------------------|--------------------------|------------------------------|--------------------------------------|---|
| Item(s) Requested | | Vendor/Retailer | | Cost | Approved |
| | | | | | |
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| | | | | | |
| | | | | TOTAL | |
| Include documentation regarding items requested (invoice, quote, web link, etc., include tax, fees, and shipping): | | | | | |
| Goals/Reasons for Request (Include details related to family stability/child safety): | | | | | |
| Preferred shipping address: | | | | | |
| RECIPIENT INFORMATION | | | | | |
| | Person 1 | | Person 2 | | |
| Name | | | | | |
| Race/Ethnicity | | | | | |
| Gender | | | | | |
| Phone | | | | | |
| Email | | | | | |
| Home Address | | | | | |
| Does the recipient identify as a person with a disability of any form such as physical, mental/cognitive, emotional, psychiatric, sensory, etc.? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
| Does the recipient self-identify as a refugee or immigrant to the US? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
| Family/Household Members | | | | | |
| Name | Relationship to Persons above | Age | Race/Ethnicity: | Disability Status (yes, no, unknown) | |
| | | | | | |
| | | | | | |
| | | | | | |
| Survey Questions for Recipients (Purposes for State & Federal Grant Reporting) | | | | | |
| To what extent did the support/concrete goods request meet a specific need of this family? | | | | | |
| <input type="checkbox"/> Not at all <input type="checkbox"/> A Little <input type="checkbox"/> Somewhat <input type="checkbox"/> A Great Deal <input type="checkbox"/> Completely | | | | | |

Is this the first time the family has received supports through this specific funding source (FRC CAPTA-ARPA funds for concrete supports)?

Yes No Not Sure

How valuable does the recipient consider the support they received?

Not at all valuable Slightly valuable Moderately valuable Very valuable Extremely Valuable

The family is receiving the following from our organization (select all that apply):

- Gift card for food, groceries, or household items
- A bus card, rideshare payment, gift card for gas, or other help with transportation
- Baby supplies (diapers, wipes, formula, or other baby supplies)
- Kids' supplies (clothes, school supplies, sports equipment, etc.)
- Food (cans or boxes of food, fruit, vegetables, etc.)
- Personal hygiene supplies
- Cleaning supplies
- Other (please specify):

What needs has the family had during the past month? (Optional, check box if yes)

- Food** - During the past month, the family worried that their food would run out before the family got money to buy more.
- Transportation** - During the past month, it has been hard for the family to get to appointments, work or grocery.
- Housing** - During the past month, the family worried about whether they would have enough money for rent or a stable place to stay.
- Expenses** - During the past month, the family hasn't been able to buy basic things that they need for their household, like clothes and school supplies.

Requester Printed Name

Title/Agency

Requester Signature

Date

The request is: **APPROVED** **DENIED** **Amount Approved:** _____

Amara Family Resource Center Director/Supervisor Name (printed)

Title

Amara Family Resource Center Director/Supervisor Signature

Date

DCYF Contracts Manager Approval for items over \$200

APPROVED

DENIED

Approval Date (attach email):

| Additional Family/Household Members | | | | |
|--|--------------------------------------|------------|------------------------|---|
| Name | Relationship to Persons above | Age | Race/Ethnicity: | Disability Status (yes, no, unknown) |
| | | | | |
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