North Carolina Poverty Coalition
Clothing Closet

Eligibility Requirements

******ALL INFORMATION WILL REMAIN CONFIDENTIAL******

Established as an **Emergency Clothing Closet** (providing Clothes to those in need of supplemental or short-term Clothing assistance) **and as an Emergency Assistance** (health related problems/crisis intervention) supplemental program.

Helping:

- Homeless Persons
- The Elderly
- Infants
- Ill Health
- Disaster Victims
- Emergency Situations

Falsifying Information Will Result In Denial of Any Further Services.

North Carolina Poverty Coalition
Application for Clothing Assistance

Please print clearly:

Name_____Age_____
Address (Street)_____
Apt #_____
City_____Zip_____
Phone #_____-_____
Other Household Members:

Name	Age	Relation to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you referred to N.C.P.C. By another agency: _____ If yes, Whom: _____

Explanation of
Crisis:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Are you or anyone in your home currently described as one of the following? **Yes** or **No**

Homeless Person(s): ____

Elderly: ____

Infant(s): ____

Ill Health: _____

Disaster Victim(s): _____

Emergency Situation: _____

I understand the questions on this application and I authorize agency representatives to verify this information with any authorized agency or individual as needed. I give permission for the Department of Social Services to release information to North Carolina Poverty Coalition regarding my qualification for assistance. In the event I receive any assistance, I certify all information given here is true and correct. I understand that misrepresentation of need could result in any future request for assistance being denied.
Signature:_____Date:_____Interviewer:_____

Non-Discrimination Policy

It is the policy of the N.C.P.C. that all services are made available without regard to of race, color, creed, religion, national origin, ancestry, disability, medical condition, marital status, sex, sexual orientation, age, veteran status, gender, or pregnancy status.

Office Use Only		**Office Use Only**	
Date	Help Given	Date	Help Given