## **Free Distribution Clothing Request Form**



Clothing Voucher Hours:

Monday - Friday 9:30am- 12:00pm

Phone: 323-224-6298 Fax: 323-250-0777

Email: Vincentianservices@svdpla.org

**Attention:** This form must be presented to a staff member of the Vincentian Services Department in order to issue the voucher that will be used in the store. Please instruct friend/family to go the Society's main office first. **Reedem voucher within 30 Days of issued date.** 

Conference Name:		District:	
Name of Visiting Vincentian(s):		Date of Home Visit:	
Family Interviewed Infor	mation (Please print clearly. Do	not leave blank.)	
First and Last Name:			
Address:			
	o an individual person or a family rate referral. Vouchers can be obt	· · · · · · · · · · · · · · · · · · ·	
	edical Cards, Immunization Recor		
	ucher is for. Do not leave this ar	·	
Number of Adults:	Girls (1-17) Name and Age:	Boys (1-17) Name and Age:	Babies (NB-12mth) Name and Age:
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Please briefly explain this F	amily or Individual situation and sp	ecifically what is needed: (Interview	v, school, employment, etc)
		_	one to the control
			nitials of Friend

[Last updated November 2023]