**Facility Needs Intake Document**

Please put an X where you or the children have needs. If the need is urgent place a number from 1 being least needed to 10 being the most urgent need.

\_\_\_\_Children’s Clothing 1-10\_\_\_\_

\_\_\_\_Children’s Shoes 1-10\_\_\_\_

\_\_\_\_Games & Activities 1-10\_\_\_\_

\_\_\_\_Outside Activities 1-10\_\_\_\_

\_\_\_\_Inside Movie Theatre 1-10\_\_\_

\_\_\_\_Food 1-10\_\_\_\_

\_\_\_\_ Over the counter Medicine 1-10\_\_\_\_

\_\_\_\_Rent Assistance 1-10\_\_\_\_

\_\_\_\_Building Maintenance 1-10\_\_\_\_Building Maintenance 1-10\_\_\_\_

\_\_\_\_Mental Health Help 1-10\_\_\_\_

\_\_\_\_Financial Education & Life Skills 1-10\_\_\_\_

\_\_\_\_Art Supplies 1-10\_\_\_

\_\_\_\_Bedding & linens 1-10\_\_\_\_

\_\_\_\_Kitchen Appliances 1-10\_\_\_\_

\_\_\_\_Food and Staples 1-10\_\_\_\_

\_\_\_\_Transportation 1-10\_\_\_\_

\_\_\_\_Electronics, Computers, etc. 1-10\_\_\_\_

Signed: Phone: Email: Title: Dated: