



Hope for the Journey Bag Request Form

Today's Date: _____



Child's Name: _____ Date of Birth: _____

Age: ___ Male Female County where case originated: _____

Number of Siblings: ___ Date Child Entered Current Home: _____

Copy of placement letter or other documentation must be included

Race: (check all that apply)

African American Caucasian Hispanic Pacific Islander
 Asian First Nation Interracial

Clothing Sizes: Shirts _____ Pants _____ Shoes _____ Diapers _____

School Grade: _____ Needs School Supplies: Y N

Social Worker Name: _____

Social Worker Phone Number: _____

Agency:

Children's Division Great Circle Other _____

Child Type:

Foster Adoptive Kinship/Relative Guardianship

Reason for placement:

Abuse Neglect Drugs/Alcohol Parent Imprisonment
 Death of Parent(s) Other _____

Guardian Name: _____

Guardian Email: _____

Guardian Phone: _____

Guardian Address: _____

City, State, Zip: _____

County Residing: _____

L2GH Representative Signature: _____ Date: _____

Gift Cards Given: Y N How Many: _____ Value Per Gift Card: _____ Gift Card Total: _____

Gift Card # _____ Gift Card # _____