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[www.secondchances.org](http://www.secondchances.org)

**GIFT CARD REQUEST FORM**

*Updated March 2021*

If your client lives or is sheltered in Cambridge or Somerville and prefers to shop on their own for clothing, shoes, or accessories, please use the form below to request a gift card.

* You can use this fillable PDF form (save with a different filename) or print and handwrite it.
* The availability of gift cards is limited. Second Chances will distribute cards based on date of request, need, perceived impact, and with attention to equity among our provider partners and communities.
* **Please send to:** [clothing@secondchances.org](mailto:clothing@secondchances.org)

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client name or identifying code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We do not require a name and we understand the need for confidentiality. Please use an identifier that helps you track this clothing request for your client.

**Client is living in / sheltered in (check one):** 🞎 Cambridge 🞎 Somerville 🞎 Other

**Organization name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* My signature above certifies that gift cards will be distributed to clients who are homeless and/or low-income (below the federal poverty level OR less than 80% of area median income) and living or sheltered in Somerville or Cambridge.

***Delivery Instructions:***

*Gift cards are like cash, and should only be delivered to secure and reliable locations.*

**Please deliver the gift card (check one):** 🞎 By mail 🞎 In person (because of our limited capacity, please only use this option in an emergency.)

**Contact person and title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/town/zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best day(s) and time(s) to deliver:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parking arrangements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Second Chances use only:*

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date saved: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date entered: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Client Information:***

Please give a brief and confidential description of the recipient’s situation and anticipated use of the gift card. For example: “Our client is a 35-year-old homeless woman who has used our shelter for 16 months. She will wear the clothing to upcoming appointments with the housing authority to apply for public housing.”

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In order to comply with our funders’ reporting requirements, we’re requesting the following demographic information and sincerely hope you will help us out as best you can.

Race/Ethnicity of individual:

American Indian or Alaskan Native

Asian

Black or African American  
Hispanic or Latinx

Native Hawaiian or other Pacific Islander

White

Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

Gender identity of individual:

Female  
Male

Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

Age of individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

Check any/all that apply to individual:

Immigrants or Refugees

People with Disabilities

LGBTQIA+

Veterans/Active Military

Homeless/Housing Insecure

Low-to-Moderate Income