

P.O. Box 441328

Somerville, Massachusetts 02144

🕿 617.666.0280

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

**SOCK REQUEST FORM**

*Updated February 2023*

Please use this form to request new unisex, medium-weight, dark-colored socks for your clients.

* You can use this fillable PDF form (save with a different filename) or print and handwrite it.
* Please request a maximum of 150 pairs of socks. You can request more in the future. Second Chances will distribute socks based on date of request with attention to equity among the providers and communities we serve.
* **Please send to:** [clothing@secondchances.org](mailto:clothing@secondchances.org)

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

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

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

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

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

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

* My signature above certifies that socks 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.

***Quantity, size, and length of socks requested:***

Calf-length (fill in quantity below) Ankle-length (fill in quantity below)

Extra-small\_\_\_\_\_\_\_\_\_\_\_\_ *(not currently available)*

Small\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Medium\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Large\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Extra-large \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

***Delivery Instructions:***

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

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

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

**Street address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City/town:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*For Second Chances use only:*

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

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

***Client Information:***

**Clients are living in / sheltered in (check one):** ◻ Cambridge ◻ Somerville ◻ Other

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

Please provide a breakdown of your client population that will be receiving these socks. To the best of your ability, please share the demographics (in raw numbers or percentages) for recipients of socks, or, if you only have aggregate information about the clients your organization serves, we can use that:

The numbers below indicate (please check appropriate box):

Raw numbers for recipient of socks

Percentages for recipient of socks

Aggregate numbers for clients served

Aggregate percentages for clients served

Other – please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 individuals included in this request:

\_\_\_\_\_\_ Female  
\_\_\_\_\_\_ Male

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

\_\_\_\_\_\_ Prefer not to say

Age(s) of individuals included in this request:

\_\_\_\_\_\_ 0-10 years old  
\_\_\_\_\_\_ 11-19 years old  
\_\_\_\_\_\_ 20-29 years old  
\_\_\_\_\_\_ 30-39 years old  
\_\_\_\_\_\_ 40-49 years old  
\_\_\_\_\_\_ 50-59 years old  
\_\_\_\_\_\_ 60-69 years old  
\_\_\_\_\_\_ 70+ years old

Any/all that apply to individuals included in this request:

\_\_\_\_\_\_ Immigrants or Refugees \_\_\_\_\_\_ Veterans/Active Military

\_\_\_\_\_\_ People with Disabilities \_\_\_\_\_\_ Homeless/Housing Insecure

\_\_\_\_\_\_ LGBTQIA+ \_\_\_\_\_\_ Low-to-Moderate Income