

SOCK REQUEST FORM

Updated February 2024

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

- You can use this fillable PDF form 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

Date: _____

Organization / program name: _____

Contact name: _____

Contact title: _____

Supervisor's name: _____

Supervisor's signature: _____

My signature above certifies that clothing 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 pairs of socks requested:

Calf-length (fill in quantity below)

Extra-small _____
Small _____
Medium _____
Large _____
Extra-large _____

Ankle-length (fill in quantity below)

not currently available

Delivery Instructions:

Second Chances will arrange delivery Monday – Friday between 9:30am and 5:00pm

Contact person and title: _____

Day(s) and time(s) open for delivery: _____

Parking arrangements: _____

Street address: _____ City/town: _____

Telephone number: _____ Email: _____

For Second Chances use only:

Date received: _____

Date delivered: _____

Saved

Entered

Client Information and Demographics:

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:

Clients are living in / sheltered in: Cambridge Somerville Other: _____

The numbers below indicate (please check appropriate box)

- Raw numbers for recipients of socks
- Percentages for recipients of socks
- Aggregate numbers for clients served
- Aggregate percentages for clients served
- Other – please describe: _____

Racial/ethnic identity of individuals included in this request:

- _____ Person of color
- _____ White
- _____ Individual declines to state
- _____ Other – please specify: _____

Gender identity of individuals included in this request:

- _____ Female
- _____ Male
- _____ Gender-expansive
- _____ Individual declines to state
- _____ Other – please specify: _____

Age(s) of individuals included in this request:

- _____ Less than 5 years old
- _____ 5 – 13 years old
- _____ 14 – 17 years old
- _____ 18 – 24 years old
- _____ 25 – 64 years old
- _____ 65 years and older
- _____ Individuals decline to state

Additional demographics of individuals included in this request:

- _____ Person with a disability
- _____ Immigrant or refugee
- _____ LGBTQIA+
- _____ Veteran or active military
- _____ Experiencing homelessness or housing insecurity
- _____ Household living with a low to moderate income