

For Second Chances use only:

Date received: __

P.O. Box 441328 Somerville, Massachusetts 02144 **2** 617.666.0280

www.secondchances.org

SOCK REQUEST FORM

Updated September 2025

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

- You can use this fillable PDF or Word form or print, handwrite, and scan it.
- Please request a maximum of 150 pairs of socks. You can make a request once every 90 days. 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 email: _____ 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: <u>Calf-length</u> (fill in quantity below) Ankle-length (fill in quantity below) Extra-small Small Medium Large Extra-large **Delivery Instructions:** Second Chances will arrange delivery Monday – Friday between 9:30 a.m. and 5:00 p.m. Contact person and title: _____ Day(s) and time(s) open for delivery: Parking arrangements: ______ Street address: _____ City/town: _____ Telephone number: _____ Email: _____

Date delivered: _____

☐ Saved

☐ Entered