

"Care Package" Request/Intake Form

We Care; Care Packages: Our mission is to support youth who are enrolled in college or a training program and are aging out of the Southern Maine Foster Care System, by providing personalized Care Packages.

Date: _____ Name: _____ Age & DOB: _____

Mailing Address: _____

Physical Address: _____

Phone#: _____ Email: _____ V-9: ___Y___N

Current/Previous Caseworker's Name/Office: _____

Are you originally from or currently living in York or Cumberland County: _____

What is your current living situation: _____

Which college are you enrolled at, what year are you in & what degree are you pursuing:

What training program are you enrolled in & how long does it take to complete: _____

Are you working: ___Y___N If "yes" where & how many hours per week: _____

Are you participating in the Opportunity Passport program through JMG: _____

Would you like more information about the Opportunity Passport program: _____

Are you receiving ETV Funds through DHHS: _____

Would you like more information about ETV Funds: _____

Would you like your care package sent in the mail or delivered in person either at school or at home: _____

Create Your Own Care Package: 4 Easy Steps

Note: Please be specific if you prefer certain brand name items!

Step One: What School Supplies Do You Need?

Examples: Notebooks, Binders, Pencils, Pens, Sticky Notes, Etc.

Step Two: What Personal Care Supplies Do You Need?

Examples: Shampoo, Body Wash, Razors, Deodorant, Etc.

Step Three: What Are Your Favorites?

Fast Food Place: _____

Snacks: _____

Cookies: _____

Candy: _____

Color: _____

Others: _____

Step Four: How Can We Make You Feel Warm & Fuzzy?

What extra special item would you love to see in your personalized Care Package? _____