



ILRC'S CARE CLOSET

Purpose:

To provide necessary household item and personal care items for individuals with disabilities in the service area who have a financial need for assistance in this area.

Qualification:

- To receive donation individuals must be a consumer of ILRC or be an individual with a disability and have a written referral from a social services agency.
- Consumers must complete ILRC's Consumer Financial Information Form to receive Care Closet Items and Income must be at 100% Federal Poverty Level or less to receive assistance.

Family Size	Income at 100% Poverty Level
1	\$10,890
2	\$14,710
3	\$18,530
4	\$22,350
5	\$26,170

Procedure:

- Closet maintained by donations.
- Closet open for pick up in Jefferson City during ILRC's regular business hours.
- Consumers can make arrangements for delivery of items by Independent Living Specialist.
- Consumers may only access the Care Closet once every two months.
- Consumers who have received Financial Assistance or Durable Medical Equipment from ILRC may not access the Care Closet for two months after receiving assistance.
- ILRC will have a request form for consumers to request items with the stipulation that all items requested will not necessarily be provided.
 - Items provided will be based on availability.
- Consumer may receive a maximum of one each of household items and one each of personal care items per individual in the home not to exceed ten items per household.

- Requests may take up to two weeks to fill.

Possible Care Closet Items:

Personal Care:

Deodorant (men's OR women's)

Razors (men's OR women's)

Soap

Shower Gel

Toothpaste

Shave Cream/Gel

Toothbrushes

Shampoo/Conditioner

Denture Cleaner

Hair Gel/Hairspray

Fluoride Rinse

Lotion

Dental Floss

Wash Cloths/Shower Puffs

Q-Tips

Medicine Organizer

Incontinence Products

Household:

Paper towels

Toilet paper

Kleenex

Trash Bags

Glass Cleaner

Toilet Bowl Cleaner

Tub/Shower cleaner

All Purpose Cleaner

Dish soap

Laundry detergent

Ziploc Bags

Disinfectant Wipes

Bathroom Cleaner

Air Freshener

Furniture Polish

Dishwasher Detergent

Sponges/Towels

Fabric Softener

Fabric Stain Remover

Bleach



CARE CLOSET REQUEST FORM

Date Received:

(Requests May Take Up To Two Weeks To Fill)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Do you have a disability? _____ Yes _____ No If yes, what is your disability? _____

Are you a consumer of ILRC? _____ Yes _____ No

If no, what agency referred you to ILRC? _____

Name of individual at agency making referral: _____

Phone number of agency: _____

Would you be interested in learning more about ILRC's programs and services? _____ Yes _____ No

Will you need your Care Closet items delivered to you? _____ Yes _____ No

How many individuals are in your household? _____

Consumer Financial Information Form Complete? _____ Yes _____ No

Household Income: _____ Date Last Utilized Care Closet: _____

Date Received DME Loan: _____ Date Received Consumer Assistance: _____

Additional Notes/Comments: _____

Care Closet Request Form Continued

REQUESTED ITEMS:

Personal Care:

- | | | |
|--|---|---|
| <input type="checkbox"/> Deodorant (men's OR women's) | <input type="checkbox"/> Razors (men's and women's) | <input type="checkbox"/> Shave Cream/Gel |
| <input type="checkbox"/> Soap | <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Fluoride Rinse |
| <input type="checkbox"/> Toothbrushes | <input type="checkbox"/> Denture Cleaner | <input type="checkbox"/> Dental Floss |
| <input type="checkbox"/> Shampoo/Conditioner | <input type="checkbox"/> Shower Gel | <input type="checkbox"/> Hair Gel/Hairspray |
| <input type="checkbox"/> Lotion | <input type="checkbox"/> Wash Cloths/Shower Puffs | <input type="checkbox"/> Q-Tips |
| <input type="checkbox"/> Medicine Organizer | | |
| <input type="checkbox"/> Incontinence Products (Size, Male or Female: _____) | | |

Household:

- | | | |
|---|--|---|
| <input type="checkbox"/> Paper towels | <input type="checkbox"/> Toilet paper | <input type="checkbox"/> Ziploc Bags |
| <input type="checkbox"/> Kleenex | <input type="checkbox"/> Trash Bags | <input type="checkbox"/> Disinfectant Wipes |
| <input type="checkbox"/> Glass cleaner | <input type="checkbox"/> Toilet bowl cleaner | <input type="checkbox"/> Bathroom Cleaner |
| <input type="checkbox"/> Tub/Shower cleaner | <input type="checkbox"/> All purpose cleaner | <input type="checkbox"/> Air Freshener |
| <input type="checkbox"/> Dish soap | <input type="checkbox"/> Laundry detergent | <input type="checkbox"/> Furniture Polish |
| <input type="checkbox"/> Dishwasher Detergent | <input type="checkbox"/> Sponges/Towels | <input type="checkbox"/> Fabric Softener |
| <input type="checkbox"/> Fabric Stain Remover | <input type="checkbox"/> Bleach | |

Office Use Only: Request Approved Request Denied Denial Reason _____

Delivery of Items Assigned to: _____ **Staff Initial:** _____