2025 Houston Children's Charity
Agency Bed Request Form

Date:

Organization Name:		
Organization Address (including city, state, zip):		
Contact Name:	**Email Address:**	
Business Phone:	**Business Fax:**	**Web Address:**

Please provide information about the family below:

Name:		**Preferred Language (circle one): Spanish/English**
Address:		
City, State Zip:		
Home Phone:	**Cell Phone:**	**Work Phone:**
Email address: (as an alternate method of contact)		

How many children are in the family's care / legal custody? (Please note ages below)					
Boys Ages:					
Girls Ages:					

How many TWIN beds is the family requesting?	

Please note that HCC only provides beds for children between 4 & 18 years old.

Has Houston Children's Charity offered assistance to this family in the past?	**YES**	**NO**
If yes, when? (program and year)		

Please advise the family of the following information:

- HCC will contact the family within 30-60 days utilizing the information listed above as soon as beds are available; if we are unable to reach the family we will advise the contact person listed above.
- If the family changes their contact information, they (or you) need to advise us so that we can keep our records up to date and ensure our ability to reach them in a timely manner.
- The family will be asked to make arrangements to pick up the beds.
- HCC provides a mattress, box spring, bed frame, set of sheets, a blanket, a pillow and a pillow case.
- Incomplete applications will not be processed.

Please fax or email this completed form to the following address:
Houston Children's Charity
A Better Night's Sleep Program
5151 Mitchelldale Street, Suite A4
Phone: 713-524-2878 Fax: 713-524-3199
Email: ABNS@HoustonChildrensCharity.net