



REQUEST FULFILLMENT FORM

Caring Resources for Living Case # : _____ Date ____/____/____

This form is to be signed at the time the item(s) or service is provided to the intended service agent or family member.

Description of item or service provided by Caring Resources for Living:

Received by (name): _____ Circle one: Family Service Agent

I, _____ (please print), acknowledge receipt of the item or service described above from a representative of Caring Resources for Living.

Please indicate your understanding and acceptance of this CRL policy

We ask that you initial the statement that reflects your agreement with CRL:

(initial) _____ I understand and agree that CRL has determined that the item(s) listed above will be returned to CRL when the intended child no longer is in need of the item(s).

(initial) _____ I have been informed by CRL that the item(s) listed above will be retained by the family.

_____ / _____ / _____

Recipient signature

Date

Witness signature

We find that your comments may provide insight to help us offer the best service to families like yours. Please make any comments you may have regarding this CRL service:

In addition, CRL raises all of its funding through private donations and pictures of children we serve can help us reach out to donors. Please provide a picture if you are able (either included with this return response or via e-mail).

Please return signed form to **Caring Resources for Living** via mail to the address below or **scanned and e-mailed to tracy-crl@maine.rr.com** or **faxed to Caring Resources for Living at 207-846-1661.**