



ATTACHMENT G

SHOW-ME HOME FUNDS REQUEST

VENDOR NAME			
PARTICIPANT'S NAME AND COMMUNITY ADDRESS			DCN
AMOUNT REQUESTED			TRANSITION DATE
Indicate the items purchased for the participant and the cost of each item			
ITEM	COST	ITEM	COST
Rent Deposit	\$	Household Items	\$
Utility Deposit(s)	\$	<input type="checkbox"/> Dishes	
Cleaning Supplies	\$	<input type="checkbox"/> Utensils	
<input type="checkbox"/> Dish Soap		<input type="checkbox"/> Pots/Pans	
<input type="checkbox"/> Mop/Bucket		<input type="checkbox"/> Cups/Glasses	
<input type="checkbox"/> Dish Cloths/Towels		<input type="checkbox"/> Measuring Cups/Spoons	
<input type="checkbox"/> Laundry Detergent		<input type="checkbox"/> Mixing/Service Bowl	
<input type="checkbox"/> Broom/Dustpan		<input type="checkbox"/> Leftover Storage Containers	
<input type="checkbox"/> All-Purpose Cleaner		<input type="checkbox"/> Can Opener	
<input type="checkbox"/> Other:		<input type="checkbox"/> Tash Ban	
Toiletries	\$	<input type="checkbox"/> Garbage Bags	
<input type="checkbox"/> Razor		<input type="checkbox"/> Bowes	
<input type="checkbox"/> Soap		<input type="checkbox"/> Sheets	
<input type="checkbox"/> Shampoo		<input type="checkbox"/> Blanket	
<input type="checkbox"/> Toothpaste/Denture Cleaner		<input type="checkbox"/> Pillow	
<input type="checkbox"/> Deodorant		<input type="checkbox"/> Toilet Paper	
Furniture	\$	<input type="checkbox"/> Clock	
<input type="checkbox"/> Bed		<input type="checkbox"/> Other:	
<input type="checkbox"/> Kitchen Table		Groceries*	\$
<input type="checkbox"/> Chair		Taxes	\$
<input type="checkbox"/> Sofa		Miscellaneous Items (explain below)	\$
<input type="checkbox"/> Other:			
NAME OF PERSON REQUESTING FUNDS			DATE

* **NOTE:** Food pantries, churches, and other sources of obtaining food should be considered before requesting funding for groceries. This category is limited to basic food needs and is a **one-time only** expense.