



Twice As Nice Mother & Child

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AGENCY CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**THIS FORM IS FOR AGENCY USE ONLY.**

**CONTACT INFORMATION – REQUEST FOR ASSISTANCE**

All information must be completed by the case worker or contact person. Please use a separate form for each case number.

Agency: \_\_\_\_\_

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SOCIAL SERVICE AGENCY/NON-PROFIT ORGANIZATION SECTION - FAMILY INFORMATION & ITEMS NEEDED**

If the mother is in need of assistance, please circle what is needed. Clothing \_\_\_\_\_ Maternity Wear \_\_\_\_\_  
Please indicate the mother's sizes for the items that are needed. \_\_\_\_\_

Please list the first names of the children and what each needs. Sizes must be provided for clothing/diaper requests.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Clothing Size: \_\_\_\_\_ Diaper Size: \_\_\_\_\_

Items Needed: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Clothing Size: \_\_\_\_\_ Diaper Size: \_\_\_\_\_

Items Needed: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Clothing Size: \_\_\_\_\_ Diaper Size: \_\_\_\_\_

Items Needed: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Clothing Size: \_\_\_\_\_ Diaper Size: \_\_\_\_\_

Items Needed: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Clothing Size: \_\_\_\_\_ Diaper Size: \_\_\_\_\_

Items Needed: \_\_\_\_\_

**CENTER, PANTRY & STORE SECTION - ITEMS NEEDED**

Sizes must be provided for clothing/diaper requests. Genders should also be provided for clothing requests.

Items Needed: \_\_\_\_\_

Items Needed: \_\_\_\_\_

Items Needed: \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM VIA EMAIL ([REQUESTS@TWICEASNICEMC.ORG](mailto:REQUESTS@TWICEASNICEMC.ORG)) OR FAX (224-944-0461).