Holiday Gift Project
Receipt of Goods

Program Name: _____ Youth's Name: _____

I, _____ , have received the goods or services listed
(Name)

below from _____ an agent of Center For Family Services.
(Staff Name)

Please list all items (individually) given to the youth on the lines below :

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Program Directors Name (printed):_____ Date:_____
Program Directors Signature: _____ Date:_____
2nd Staff Name (printed): _____ Date: _____
2nd Staff Signature:_____ Date:_____

* **Youth living in our safe & supportive housing program should not sign off on holiday gifts.**

The Residential HOLIDAY Receipt of Goods form should be signed by 2 staff. The original signed Residential Holiday Receipt of Goods form should be given to the finance office. A copy of the form should be kept in the child/individual/family file.