



Makeshift Traveler Recipient Agreement Form

Overview

The HomeMore Project devoted over a year to developing the Makeshift Traveler backpack specifically tailored to the needs of individuals currently experiencing homelessness. It is designed to provide essential tools and aid to address immediate challenges and enhance well-being until individuals secure permanent housing.

Terms of Receipt

By signing this agreement, recipients acknowledge that they are currently experiencing homelessness, which includes sleeping outside, residing in a shelter, interim housing program, navigation center, or transitional housing program. Individuals who have already secured permanent housing are not eligible to receive the Makeshift Traveler. If you have any questions or concerns about your status, please ask the team member distributing the backpack.

Sale of Donated Items

Recipients agree not to sell their Makeshift Traveler or any of its components. The purpose of this donation is to provide support and assistance to individuals experiencing homelessness. If recipients intend to sell the Makeshift Traveler, they are advised not to sign or accept this donation. The HomeMore Project reserves the right to be returned the Makeshift Traveler if someone is caught selling or trading the backpack.

Damaged & Malfunctioning Components

Due to limited supply, the distribution team may be unable to provide replacements for damaged or malfunctioning components of the Makeshift Traveler. Recipients understand and acknowledge that replacements will only be provided if permitted by the distribution team.

Data Collection & Follow Up Communication

The HomeMore Project collects data from each Makeshift Traveler recipient to evaluate who we are serving with the program. Data collected will be kept confidential and internal within The HomeMore Project's records. It will not be publicly shared with any individual or entity. The HomeMore Project will attempt to reconnect with recipients after one week, one month, and three months of receiving a Makeshift Traveler. This communication is not required but is appreciated to help evaluate the program.

Agreement

Name: _____

Date: _____

Signature: _____

Please Fill out the Back →



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Recipient Information

First Name: _____

Last Name: _____

Phone Number (Put "NA" if none): _____

Email (Put "NA" if none): _____

Date: _____

City Received: _____

Demographics and Personal Questions

Age: _____

Race: _____

Gender: _____

Are you a Veteran? If yes, which branch? _____

Years Experiencing Homelessness: _____

Do you have Shelter and/or a Case Manager? If yes, where? _____

Previous Employment: _____

Previous Education: _____

Hometown: _____

Have you experienced homelessness in any other city? Where? _____

**Please send your completed request to Vanessa
Vanessa.Jones-Valenzuela@santacruzcountyca.gov**