

Family Name: _____

Str. Address: _____ Apt. _____ Telephone: _____

Number of Adults: _____ Children (ages): Boys _____ Girls _____

Date & Time when family is moving to this address: _____

Please note any comments or additional needs that may apply to this family.

Referring Agency: _____ Referral Date: _____

Contact: _____ Phone: _____ Can items be delivered to the agency? Y / N

Kitchen: (Write in quantity needed)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Plates, Large | <input type="checkbox"/> Set of Forks, Spoons, Knives | <input type="checkbox"/> Stock Pot |
| <input type="checkbox"/> Plates, Small | <input type="checkbox"/> Platter | <input type="checkbox"/> Small Pot |
| <input type="checkbox"/> Soup Bowls | <input type="checkbox"/> Mixing/Serving bowl | <input type="checkbox"/> Skillet |
| <input type="checkbox"/> Drinking Glasses | <input type="checkbox"/> Pitcher | <input type="checkbox"/> Baking Dish |
| <input type="checkbox"/> Coffee Mugs | <input type="checkbox"/> Leftover Containers (4) | <input type="checkbox"/> Cookie Sheet |
| | <input type="checkbox"/> Cake Pan | |
| | <input type="checkbox"/> Pie Pan | |
| | <input type="checkbox"/> Measuring Cups | |
| | <input type="checkbox"/> Measuring Spoons | |

Misc. Utensils: (Check items needed)

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Can opener (manual) | <input type="checkbox"/> Wooden spoons (2) | <input type="checkbox"/> Icecube trays (2) | <input type="checkbox"/> Whisk |
| <input type="checkbox"/> Pancake turner | <input type="checkbox"/> Cutting board | <input type="checkbox"/> Sharp knives (2) | _____ |

Misc Household Items: (Check items needed)

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Bath Rug or Hall Rug | <input type="checkbox"/> Lamp | <input type="checkbox"/> Broom & Dustpan | <input type="checkbox"/> Shower curtain & rings |
| <input type="checkbox"/> Tablecloth | <input type="checkbox"/> Hangers (12) | <input type="checkbox"/> Mop & Bucket | <input type="checkbox"/> Curtains (long or short) |
| | | <input type="checkbox"/> Laundry Basket | <input type="checkbox"/> Pictures, framed |

Bedding & Linens: (Write in quantity needed)

- | | | | |
|--|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Twin Sheet Set | <input type="checkbox"/> Blankets | <input type="checkbox"/> Bath Towels | <input type="checkbox"/> Dish Towels |
| <input type="checkbox"/> Full Sheet Set | | <input type="checkbox"/> Hand Towels | <input type="checkbox"/> Dishcloths |
| <input type="checkbox"/> Queen Sheet Set | <input type="checkbox"/> Pillows | <input type="checkbox"/> Washcloths | <input type="checkbox"/> Pot Holders |
| <input type="checkbox"/> King Sheet Set | | | |

Premium Items: (Indicate your top five choices by numbering them 1, 2, 3, 4 and 5.)

Note: These items are not always in stock, so we will provide as many as 3 of your choices when available.

- | | | | | |
|------------------------------------|----------------------------------|---------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Mixer | <input type="checkbox"/> Toaster | <input type="checkbox"/> Coffee Maker | <input type="checkbox"/> Radio | <input type="checkbox"/> Other needs |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Iron | <input type="checkbox"/> Crock Pot | <input type="checkbox"/> Clock | _____ |

(Second Starts' Use) Delivery Time & Date: _____

Delivery person(s): _____ Duplicate? _____