M.O.M INC. Maxine's Closet INTAKE FORM (All information is confidential and used only to help us serve you better.)

DATE : ______________________________

CLIENT NAME: ______________________________

RACE (optional): ______________________________

PHONE (optional): ______________________________

EMAIL (optional): ______________________________

INTAKE METHOD:

- ☐ Completed via Google Form
- ☐ Completed In-Person
- ☐ Completed Over the Phone

Instructions: Fill in family members information. Indicate each individual's clothing and shoe size. Please, feel free to indicate any specific or particular needs you may have.

TOTAL FAMILY MEMBERS: ____________________

Gender: ____________ Clothing Size: ____________ Shoe Size: ____________	☐ Clothing ☐ Undergarments ☐ Sweater/Jacket (Seasonal)	☐ Hygiene Products ☐ Shoes ☐ Socks
Gender: ____________ Clothing Size: ____________ Shoe Size: ____________	☐ Clothing ☐ Undergarments ☐ Sweater/Jacket (Seasonal)	☐ Hygiene Products ☐ Shoes ☐ Socks
Gender: ____________ Clothing Size: ____________ Shoe Size: ____________	☐ Clothing ☐ Undergarments ☐ Sweater/Jacket (Seasonal)	☐ Hygiene Products ☐ Shoes ☐ Socks
Gender: ____________ Clothing Size: ____________ Shoe Size: ____________	☐ Clothing ☐ Undergarments ☐ Sweater/Jacket (Seasonal)	☐ Hygiene Products ☐ Shoes ☐ Socks
Gender: ____________ Clothing Size: ____________ Shoe Size: ____________	☐ Clothing ☐ Undergarments ☐ Sweater/Jacket (Seasonal)	☐ Hygiene Products ☐ Shoes ☐ Socks
Gender: ____________ Clothing Size: ____________ Shoe Size: ____________	☐ Clothing ☐ Undergarments ☐ Sweater/Jacket (Seasonal)	☐ Hygiene Products ☐ Shoes ☐ Socks

Do you need anything in particular?
(Ex. Uniform, Menstrual Products, Other)

____

M.O.M INC. Maxine's Closet INVENTORY RELEASE FORM (Staff Use)

Client Name: _____

Date Filled: _____

Volunteer Initials: _____

Comments:

ITEMS PROVIDED (Write Quantity & Size)

Item	Men (#, size)	Women (#, size)
Shirts		
Pants		
Sweaters		
Jackets		
Underwear		
Bras		
Socks		
Shoes (Size)		

Item	Boy (#, size)	Girl (#,size)
Shirts		
Pants		
Sweaters		
Jackets		
Underwear		
Socks		
Shoes		
Diapers/Wipes		

Item	Quantity
Soap/Body Wash	
Shampoo/Conditioner	
Deodorant	
Feminine Products	

DISTRIBUTION CONFIRMATION

Recipient's Signature: _____ Date: _____

Recipient's Print Name: _____