

STUDENT CARE SUPPLY CLOSETS SHOPPING SHEET

Date: _____ Location: _____ UMass ID#: _____

Name: _____ Pronouns (Optional): _____

If you have dependents, how many under the age of 18 live in your household? _____

Do you have any allergies? (Optional) Yes No

If yes, please list: _____

Would you like to speak with a staff member about any other needs or concern? Yes No

How did you hear about the Supply Closet?

- Dean of Students Office Website
- Referred by faculty, staff, or student
- Email announcement
- Flyer - Where? _____
- Other: _____

Please select from the following items. Your requests will be filled by items available in the current inventory. Please make additional notes if you have a specific preference.

All Purpose Cleaner

Baby Items (Reserved for students with families)

- Baby Wipes
- Diaper Size: _____
- Diaper Rash Cream
- Shampoo

Bandages

Bar Soap Quantity*: _____

**max for an individual: 2*

**max for a family: 4*

- No Preference
- Unscented
- With Shea Butter
- Sensitive Skin

Body Lotion

- No Preference
- Unscented
- With Shea Butter
- Sensitive Skin

Conditioner

- No Preference
- Natural Hair Care
- Traditional "Men"
- Traditional "Women"

Dental Floss

- No Preference
- Waxed
- Unwaxed

Deodorant

- No Preference
- Traditional "Men"
- Traditional "Women"
- Sensitive Skin

Dish Soap

Disinfecting/Wet Wipes

Hand Sanitizer

Hand Soap

Turn sheet over

- Body Wash**
 - No Preference
 - Traditional "Men"
 - Traditional "Women"
 - Sensitive Skin
 - Unscented

- Pads**
 - No Preference
 - Liner
 - Regular
 - Super
 - Overnight

OFFICE USE: Pre-packaged Bag Count: _____

- Paper Towels Quantity*: _____**
**max for an individual: 3*
**max for a family: 4-6*

- Shampoo**
 - No Preference
 - Natural Hair Care
 - Traditional "Men"
 - Traditional "Women"

- Shampoo Plus Conditioner**
 - No Preference
 - Traditional "Men"
 - Traditional "Women"

- Shaving Cream or Gel**
 - No Preference
 - Traditional "Men"
 - Traditional "Women"
 - Sensitive Skin

- Lip Balm**

- Tampons**
 - Regular
 - Light
 - Super
 - Super Plus

OFFICE USE: Pre-packaged Bag Count: _____

- Tissues**
OFFICE USE: Travel Size Box

- Toilet Paper Quantity*: _____**
**max for an individual: 4*
**max for a family: 6*

- Toothbrush**
 - Adult
 - Child

- Toothpaste**
 - No Preference
 - Mint
 - Non-Mint

Are there other items that you would request that are not currently offered? Yes No

If yes, please list: _____

OFFICE USE: PLEASE BE SURE TO NOTE THE BRAND AND QUANTITY OF EACH ITEM GIVEN SO WE CAN MAINTAIN AN ACCURATE INVENTORY

Student Care Supply Closet Manager: _____ **Date Entered in Inventory:** _____

Date CARE report created: _____

Additional Resources Provided: _____