STUDENT CARE SUPPLY CLOSETS: STUDENT SHOPPING SHEET

Date: _____________________ Time: _____________________ Location: _____________________
Name: _____________________ SPIRE ID: ___________ Gender Pronouns: ________________

UMass Status  □ Undergraduate  □ Undergrad with Family  □ Graduate Student  □ Grad with Family
Have you ever received items from the Student Care Supply Closets before? □ Yes □ No

Please select from the following items. If you have a preferred item, check all the appropriate box(es) that apply. If you are a student with a family, enter the number of items needed when asked. We will do our best to fill requests based on closet inventory. If you do not have a preference, an item will be selected for you.

TYPES OF TOILETRIES

□ Body Lotion
  □ Unscented
  □ With Shea Butter
  □ Sensitive Skin

□ Bar Soap
  □ Unscented
  □ With Shea Butter
  □ Sensitive Skin
  □ Quantity: ______

□ Deodorant
  □ Traditional “Men”
  □ Traditional “Women”
  □ Gel
  □ Solid
  □ Unscented
  □ Sensitive Skin
  □ Quantity: ______

□ Shampoo
  □ Traditional “Men”
  □ Traditional “Women”
  □ Unscented

□ Conditioner
  □ Traditional “Men”
  □ Traditional “Women”
  □ Unscented

□ Shampoo Plus Conditioner (2 in 1)
  □ Traditional “Men”
  □ Traditional “Women”
  □ Unscented

□ Shaving Cream or Gel
  □ Traditional “Men”
  □ Traditional “Women”
  □ Cream
  □ Gel
  □ Unscented
  □ Sensitive Skin

□ Toothbrushes
  □ Soft
  □ Medium
  □ Hard
  □ Quantity: ______

□ Toothpaste
  □ Non-Mint

Turn sheet over
□ Tampons
   □ Regular/Super Box
   □ Lights/Regular/Super Box
   □ Regular/Super/Super Plus Box
   □ Regular Pre-packaged Bag
     (Office use) Count: ______

□ Pads
   □ Thin
   □ Super
   □ Long
   □ With Wings
   □ Pre-packaged Bag
     (Office use) Count: ______

□ Baby/Kids Items
   □ Unscented Baby Wipes
   □ Kids 3-in-1 (Shampoo/Conditioner/Body)
   □ Diaper Rash Cream

   □ Lip Balm
     □ Quantity: ______

   □ Hand Sanitizer
     □ Quantity: ______

□ Housekeeping Items
   □ Disinfecting Wipes
   □ Band-Aids
   □ Paper Towels (Single roll)
     □ Quantity: ______
     (Maximum 2)
   □ Dish Soap
     □ Unscented
   □ Sponges (4-pack)
   □ Toilet Paper (Single roll)
     □ Quantity: ______
     (Maximum 4)

Are there toiletry and/or household items that you need that we do not currently offer? □ Yes □ No
If yes, please list:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

How did you hear about the Supply Closets?
□ Dean of Students Office Website
□ Referred by faculty or staff
□ Referred by another student
□ Other: ____________________

□ Office Use

Student Care Supply Closet Manager: ____________________ Date Entered in Inventory: __________
Follow-up Email Sent □ Yes □ No