

STUDENT CARE SUPPLY CLOSETS SHOPPING SHEET

Date: _____ Location: _____ UMass Email: _____
Name: _____ (Optional) Gender Pronouns: _____

UMass Status Undergraduate Undergrad with Family Graduate Student Grad with Family
(Optional) Do you have any allergies? If yes, please list: _____

Have you received items from the Student Care Supply Closets before? Yes No

Please select from the following items. We will do our best to fill requests based on our current closet inventory. If you do not have a preference, an item will be selected for you.

TOILETRY ITEMS

Bar Soap Quantity: ____

- Unscented
- With Shea Butter
- Sensitive Skin

Body Lotion

- Unscented
- With Shea Butter
- Sensitive Skin

Body Wash

- Traditional "Men"
- Traditional "Women"
- Unscented
- Sensitive Skin

Conditioner

- Traditional "Men"
- Traditional "Women"
- Unscented

Dental Floss

- Waxed Unwaxed

Deodorant Quantity: ____

- Traditional "Men"
- Traditional "Women"
- Unscented
- Sensitive Skin
- Gel
- Solid

Hand Sanitizer Quantity: ____

Lip Balm Quantity: ____

OFFICE USE: Single Pack

Pads

- Regular
- Thin
- Super
- Long
- With Wings
- Unscented

OFFICE USE: Pre-packaged Bag Count: ____

Shampoo

- Traditional "Men"
- Traditional "Women"
- Unscented

Shampoo Plus Conditioner (2 in 1)

- Traditional "Men"
- Traditional "Women"
- Unscented

Shaving Cream or Gel

- Traditional "Men"
- Traditional "Women"
- Unscented
- Sensitive Skin
- Cream
- Gel

Tampons

- Regular
- Light
- Super
- Unscented

OFFICE USE: Pre-packaged Bag Count: ____

Toothbrush Quantity: ____

OFFICE USE: Single Pack

Toothpaste

- Mint
- Non-Mint

Baby Items (Reserved for students with families)

- Baby Wipes
- Diaper Rash Cream

HOUSEHOLD ITEMS

Band-Aids

Dish Soap

Disinfecting Wipes

Facial Tissue

OFFICE USE: Travel Size Box

Hand Soap

Paper Towels Quantity: ____

OFFICE USE: Single Pack

Sponges

Toilet Paper Quantity: ____

OFFICE USE: Single Pack

Are there other items that you need that we do not currently offer? Yes No

If yes, please list: _____

What other resources would be helpful to you?

How did you hear about the Supply Closets?

- Dean of Students Office Website
- Referred by faculty or staff
- Referred by another student
- Flyer
- Other: _____

(Optional) Would you be willing to be contacted with opportunities to thank our Student Care Supply Closets supporters? Yes No

OFFICE USE

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

Follow-up Email Sent via VOICE Yes No

Additional Resources Provided: _____