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

- **Toothbrush**
  - □ Quantity: ______

- **Toothpaste**
  - □ Mint
  - □ Non-Mint

- **Lip Balm**
  - □ Quantity: ______

- **Hand Sanitizer**
  - □ Quantity: ______

- **Baby Items** (reserved for students with families)
  - □ Baby wipes
  - □ Kids Shampoo
  - □ Diaper rash cream

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: ______

HOUSEHOLD ITEMS

□ Disinfecting Wipes

□ Paper Towels (Single roll)
  □ Quantity: ______
  (Maximum 2)

□ Toilet Paper (Single roll)
  □ Quantity: ______
  (Maximum 4)

Are there other 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: ____________________

Have you accessed the closets before? □ Yes □ No

OFFICE USE

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