

LENDING CLOSET
CLIENT INTAKE SHEET



Rev. 05 Mar 2020

PRIVACY ACT STATEMENT

PRINCIPAL: To collect data necessary to enroll DoD personnel and their Family Members in the Army Community Service client database and DFMWR databases. Also used as a tool to aid in delivery of services to DoD personnel and their Family Members. Statistical data will be provided to Department of the Army.

ROUTINE USES: Used as a record (1) services requested; (2) services delivered; and (3) actions of services agreed upon. Upon data entry, form will be filed.

DISCLOSURE: Disclosure of information is voluntary. Failure to provide required information may result in the inability of Army Community Services to provide appropriate professional and/or development services to the individual.

SERVICE MEMBER INFORMATION – (Do NOT leave any items blank) PLEASE WRITE LEGIBLY

TODAYS DATE: _____ **DEROS DATE:** _____

FIRST NAME: _____ **MIDDLE INITIAL:** ____ **LAST NAME:** _____

FULL DATE OF BIRTH: ____ / ____ / ____ **GENDER:** ____ Male ____ Female
MM DD YYYY

BRANCH OF SERVICE: ____ Army (If other _____) **UNIT** _____ **RANK/GRADE:** _____

STATUS: ____ Active Duty ____ Reserve ____ Guard ____ DoD Civilian

1st TERMER (1st Duty Station after AIT/OCS)? Yes / No **PCSing From** _____ **PCSing To** _____

CURRENT ADDRESS:

Street # & Name	Apt/Unit #	City	State	Zip Code
CELL PHONE: () _____	WORK PHONE: (907) _____	HOME PHONE: () _____		

OFFICIAL EMAIL (AKO): _____

PERSONAL EMAIL ADDRESS: _____

MARITAL STATUS: ____ Married ____ Single ____ Divorced ____ Dual Military ____ Widow/Widower ____ Single Parent w/Custody

Date of Marriage: _____ (MM / DD / YYYY)

SPOUSE INFORMATION

FIRST NAME: _____ **MIDDLE INITIAL:** ____ **LAST NAME:** _____

FULL DATE OF BIRTH: ____ / ____ / ____ **GENDER:** ____ Male ____ Female **IS SPOUSE EMPLOYED? YES / NO**
MM DD YYYY

CHILDREN: YES: ____ **NO:** ____

SPOUSE'S PHONE: () _____

NAME(S) Last, First	DOB (MM/DD/YYYY)	ADDRESS (if different from Sponsor's address)	MARK "X" IF CHILD IS LIVING WITH YOU
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attention: There will be NO appointments scheduled on Tuesdays

How long do you need the item(s)? From _____ To _____
Pickup Date Return Date

PLEASE CHECK THE ITEMS REQUESTED:

Basic Household Items and Kitchen Goods

26 in. TV/DVD Combo Serial# _____

Iron Board

Iron

Vacuum

Bedding ** ALL MATTRESSES MUST BE DISINFECTED BY CLIENT PRIOR TO RETURN _____ Initials

**** ALL MATTRESS PROTECTORS MUST BE WASHED AND DISINFECTED BY CLIENT PRIOR TO RETURN _____ Initials**

Tri-Fold Mattresses (*QUEEN*) - How Many: _____

Tri-Fold Mattresses (*TWIN*) - How Many: _____

Cookware

Mixing Bowls Set

Colander

Glass Baking Dish

Cookie Sheet

Pizza Pan

Cookware Kit (*Pots & Pans, *Cutting Board, *Cooking Utensils *Knife Set)

Dish Pack for 4 (*Plates * Bowls * Cups *Silverware *Pitcher)

Small Kitchen Appliances

Coffee Pot

Microwave

Crockpot

Rice Cooker

Electric Knife

Toaster

Hand Mixer

Happy Light Serial# _____
(Available **ONLY** from Oct-Feb)

Blender Serial# _____