

LENDING CLOSET
CLIENT INTAKE SHEET



Rev. 18 Sept. 2013

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 the 2nd and 4th Wednesday of each month

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

- 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

- | | |
|--|---|
| <input type="checkbox"/> Coffee Pot | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Crockpot | <input type="checkbox"/> Rice Cooker |
| <input type="checkbox"/> Electric Knife | <input type="checkbox"/> Toaster |
| <input type="checkbox"/> Hand Mixer | <input type="checkbox"/> Happy Light Serial# _____ |
| <input type="checkbox"/> Blender Serial# _____ | (Max 2 week loan: Available ONLY from Nov-Feb) |