

# 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

**1<sup>st</sup> TERMER (1<sup>st</sup> Duty Station after AIT/OCS)?** Yes / No **PCSing From** \_\_\_\_\_ **PCSing To** \_\_\_\_\_

**CURRENT ADDRESS:**

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

**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** **CURRENTLY UNAVAILABLE**

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# \_\_\_\_\_