**Plenty of Boxes Program**

**Client Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | Last  |  First  | Date: |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Race | Gender | Age | Zip code |
|  |  |  |  |  |

**Essential Items Requested** [ex: body wash, detergent, lotions, adult depends, can goods]

**Activities I enjoy**

**I need help with**

□ Consent to Photograph

□ I DO NOT Consent to Photograph