

PERSONAL HYGIENE

Feb/Apr/Jun/Aug/Oct/Dec

Client Name _____ Date _____

Phone Number _____ Family Size _____

Please mark what you are in need of for the month

- _____ Diapers size _____ size _____
OR
_____ Overnights (L-XL) Qty _____ Qty _____
- _____ Baby Wipes (Families using diapers) Qty _____
- _____ Toilet Paper
- _____ Paper Towel
- _____ Tissue
- _____ Garbage bags
- _____ Feminine Pads OR Tampons (circle one) Qty _____
- _____ Depends (underwear) Men / Women S / M / L / XL / XXL
- _____ OR Poise (pads 4-8) Qty _____
- _____ Shampoo
- _____ Conditioner
- _____ Baby Soap/Wash/Shampoo
- _____ Bar Soap OR Body Wash (circle one)
- _____ Shaving Cream Women's OR Men's (circle one)
- _____ Deodorant (Qty 1) Women's OR Men's (circle one)
- _____ Razors Women's OR Men's (circle one)
- _____ Toothpaste
- _____ Hand Soap

Notes: Address/Phone/Household changes?