United Way
Rebecca's Closet
A Project of Women United

SELF SERVICE INVENTORY SHEET

In attempts to continue to improve Rebecca's Closet for you and your families, we need input from you, the end users, on filling the immediate needs of our community. Therefore, **we ask each agency/person who self serves through Rebecca's Closet to complete the following information EACH time you use the closet**. This will allow us to keep records and to find where the most need is for budgetary and community asks.

Per FAMILY please complete the chart below for each child to the best of your ability:

Agency Employee Name: _____ Date: _____

Agency: _____

Items needed but not available: _____

_____

Gender (Please provide child's name if applicable to assist in sorting.)	**Age**	**Bottoms**	**Tops**	**Shoes/Boots**	**Outerwear**	**Other** (Amount taken & description of each item)	**Total Number of Items Taken**
Female *Example*	6 months *Example*	3 *Example*	3 *Example*	2 *Example*	2 *Example*	3 (towel, stroller, high chair) *Example*	10 *Example*