



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	Age	Bottoms	Tops	Shoes/Boots	Outerwear	Other (Amount taken & description of each item)	Total Number of Items Taken
Female <i>Example</i>	6 months <i>Example</i>	3 <i>Example</i>	3 <i>Example</i>	2 <i>Example</i>	2 <i>Example</i>	3 (towel, stroller, high chair) <i>Example</i>	10 <i>Example</i>
						TOTAL # ITEMS TAKEN:	