



## PAL Program Information for Sponsors

### CLIENT INFORMATION

Name (First Name/Last Initial Only)				Date	
Campus <input checked="" type="checkbox"/> Children's Home <input type="checkbox"/> Boys Ranch	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	
Hair Color: <b>Brown</b>	Eye Color: <b>Brown</b>	Favorite Color: <b>Purple</b>			
Hobbies & Interests (Don't forget to list any sports you play): <b>Sleeping, reading (dystopia novels such as the Hunger Games), writing poetry, talking</b>					

### CLOTHING SIZES & STYLES

**Please be specific. Include the appropriate size & style that you prefer.**

Shoes: <b>size 9</b>	Shorts: <b>Stretchy - XXL</b>	Dress Clothing: <b>Dresses size 18/20</b>
Socks: <b>Ankle Socks</b>	Undergarments: <b>42C (Bra)</b>	Jeans: <b>size 18</b>
Shirts: <b>XXL</b>	Sweaters: <b>Prefers hoodies XXXL</b>	Coat/Jacket: <b>Don't wear coats or jackets</b>
Athletic Wear: <b>Leggings (XXL)</b>	Sleepwear: <b>Shorts and t-shirts (comfy)</b>	Jewelry: <b>Necklaces, chokers</b>
I have the following special requirements regarding my clothing: <b>Just like oversized</b>		

### TOILETRIES & CLEANING SUPPLIES

**Please be as specific as possible.**

Shampoo: <b>Suave Professionals</b>	Conditioner: <b>Suave Professionals</b>	Body Wash: <b>Bath &amp; Body Works Pink Chiffon</b>
Lotion: <b>Bath &amp; Body Works Pink Chiffon</b>	Toothpaste: <b>Colgate Whitening</b>	Toothbrush: <b>Medium bristle</b>
Hair Products: <b>Dry Shampoo</b>	Makeup: <b>Maybelline Mascara, Foundation, Concealer</b>	Face Wash: <b>Neutrogena</b>
Deodorant: <b>Dove</b>	Razors: <b>Silk</b>	Shaving Cream: <b>Generic Brand</b>
Hand Soap: <b>Bath &amp; Body Works</b>	Laundry Detergent: <b>Tide Pods</b>	Fabric Softener: <b>Bounce</b>
If I had one, I would use <input type="checkbox"/> Hair Dryer <input checked="" type="checkbox"/> Hair Straightener <input type="checkbox"/> Curling Iron <input type="checkbox"/> Curling Wand <input type="checkbox"/> Makeup Caddy <input checked="" type="checkbox"/> Loofa/body sponge		

I have the following special requirements regarding the toiletries and cleaning supplies I use (Be sure to list any allergies): **No allergies**

### I WOULD LIKE FOR MY HOME TO HAVE...

<input checked="" type="checkbox"/> A Fry-pan	<input checked="" type="checkbox"/> A Sauce Pan	<input checked="" type="checkbox"/> A Stockpot	<input checked="" type="checkbox"/> An Indoor Grill	<input checked="" type="checkbox"/> A Blender	<input checked="" type="checkbox"/> 3-5 Mixing Bowls
<input checked="" type="checkbox"/> A Set of Knives	<input checked="" type="checkbox"/> 1-2 Cutting Boards	<input checked="" type="checkbox"/> Measuring Cups	<input checked="" type="checkbox"/> Measuring Spoons	<input checked="" type="checkbox"/> 1-2 Spatulas	<input checked="" type="checkbox"/> 3 Silicone Spatulas
<input checked="" type="checkbox"/> 3 Wooden Spoons	<input checked="" type="checkbox"/> Tongs	<input checked="" type="checkbox"/> 1 Can Opener	<input checked="" type="checkbox"/> 1 Vegetable Peeler	<input checked="" type="checkbox"/> 1-2 Gallon Pitchers	<input checked="" type="checkbox"/> A Brita-type Pitcher
<input checked="" type="checkbox"/> A Small Crockpot	<input checked="" type="checkbox"/> 4 Pyrex Containers	<input checked="" type="checkbox"/> 2 Cookie Sheets	<input checked="" type="checkbox"/> A Cake Pan	<input checked="" type="checkbox"/> A Casserole Dish	<input checked="" type="checkbox"/> Water filters

<input checked="" type="checkbox"/> 1 Set of Silverware	<input checked="" type="checkbox"/> 1 Set of Glasses	<input checked="" type="checkbox"/> 1 Set of Plates	<input checked="" type="checkbox"/> 1 Set of Bowls	<input checked="" type="checkbox"/> 1 Set of Mugs	<input checked="" type="checkbox"/> Ziploc Containers
<input checked="" type="checkbox"/> 2 Pot Holders	<input checked="" type="checkbox"/> 4 Dish Towels	<input type="checkbox"/> A Coffee Maker	<input checked="" type="checkbox"/> A Toaster	<input checked="" type="checkbox"/> A Microwave	<input checked="" type="checkbox"/> Ziploc Bags
<input checked="" type="checkbox"/> 4 Bath Towels	<input checked="" type="checkbox"/> 4 Hand Towels	<input checked="" type="checkbox"/> 4 Wash Cloths	<input checked="" type="checkbox"/> A Floor Lamp	<input checked="" type="checkbox"/> 1-2 Lamps	<input checked="" type="checkbox"/> 2 Sets of Sheets
<input checked="" type="checkbox"/> 1 Comforter	<input checked="" type="checkbox"/> 1-2 Extra Blankets	<input checked="" type="checkbox"/> 2-4 Pillows	<input checked="" type="checkbox"/> Decorative Pillows	<input checked="" type="checkbox"/> A 3x5 Rug	<input type="checkbox"/> A 5x8 Rug
<input type="checkbox"/> An Alarm Clock	<input type="checkbox"/> A Door Mirror	<input checked="" type="checkbox"/> Plastic Hangers	<input type="checkbox"/> Picture Frames	<input checked="" type="checkbox"/> A Vacuum	<input checked="" type="checkbox"/> A Broom & Dust Pan
<input checked="" type="checkbox"/> A Wax Warmer	<input checked="" type="checkbox"/> Wax Melts	<input checked="" type="checkbox"/> An Iron	<input checked="" type="checkbox"/> An Ironing Board	<input type="checkbox"/> A Laundry Hamper	<input type="checkbox"/> A Laundry Basket
<input type="checkbox"/> Storage Bins	<input type="checkbox"/> Drawer Organizers	<input type="checkbox"/> A Desk Lamp	<input checked="" type="checkbox"/> A TV	<input checked="" type="checkbox"/> A DVD Player	<input checked="" type="checkbox"/> A Computer
My bed size is: <input type="checkbox"/> Twin <input checked="" type="checkbox"/> Full <input type="checkbox"/> Queen					
If possible, I could really use: <b>Memory Foam Mattress Topper, scrubbing brushes for cleaning</b>					

**All items purchased for a specific PAL Program client will be documented and will remain the property of the client both during his/her time in the program and after discharging from the program. If a client leaves the program prior to receiving his/her items, the items will be reallocated to another client in need, unless otherwise specified. Thank you!**