

LENDING CLOSET CLIENT  
INTAKE SHEET



PRIVACY ACT STATEMENT (5 USC 552a)

PRINCIPAL: Title 10 USC, Section 3012. PRINCIPAL PURPOSE: To maintain a record of household items that individual has obtained on loan from ACS. SSN is used for positive identification of individual borrowing items below

ROUTINE USES: To obtain information so that an obligation may be secured between ACS and borrower. Form is also used to maintain a record of this action to insure that these items are returned to lender (ACS). MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary; however, failure to provide the requested information will preclude assistance.

DISCLOSURE: Disclosure of information is voluntary. Failure to provide required information may result in the inability of Army Community Services to provide appropriate professional and/or development services to the individual.

SERVICE MEMBER INFORMATION – (*Don't leave any items blank*) PLEASE WRITE LEGIBLY

TODAYS DATE: \_\_\_\_\_ Staff Use Time with Client: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FULL DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: \_\_\_\_Male \_\_\_\_Female  
MM DD YYYY

BRANCH OF SERVICE: \_\_\_\_Army (If other \_\_\_\_\_) UNIT \_\_\_\_\_ RANK/GRADE: \_\_\_\_\_

STATUS: \_\_\_\_Active Duty \_\_\_\_ Reserve \_\_\_\_ Guard \_\_\_\_ DoD Civilian

REFERRED TO ACS BY: \_\_\_\_Self-Referral \_\_\_\_Command \_\_\_\_Volunteer \_\_\_\_JAG (Legal) \_\_\_\_Military Medical \_\_\_\_Chaplin \_\_\_\_Other \_\_\_\_\_

1<sup>st</sup> TERMER (1<sup>st</sup> Duty Station after AIT/OCS)? Yes / No PCSing From \_\_\_\_\_ PCSing To \_\_\_\_\_

CURRENT ADDRESS:

Street # & Name	Apt/Unit #	City	State	Zip Code
CELL PHONE: ( ) _____ WORK PHONE: (907) _____ HOME PHONE: ( ) _____				

OFFICIAL EMAIL (AKO) and PERSONAL EMAIL: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_Married \_\_\_\_Single \_\_\_\_Divorced \_\_\_\_Dual Military \_\_\_\_Widow/Widower \_\_\_\_Single Parent w/Custody

Date of Marriage: \_\_\_\_\_ (MM / DD / YYYY) Number of Times Married \_\_\_\_\_

SPOUSE INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FULL DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: \_\_\_\_Male \_\_\_\_Female IS SPOUSE EMPLOYED? YES / NO  
MM DD YYYY

CHILDREN: YES: \_\_\_\_ NO: \_\_\_\_

SPOUSE'S PHONE: ( ) \_\_\_\_\_

NAME(S) Last, First	DOB (MM/DD/YYYY)	ADDRESS (if different from Sponsor's address)	MARK "X" IF CHILD IS LIVING WITH YOU
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Lending Closet items on backside →

**Note: ONE TABLE PER FAMILY**

PLEASE CHECK THE ITEMS REQUESTED:

**Basic Household Items and Kitchen Goods**

- ☐ Microwave Serial# \_\_\_\_\_
- ☐ Toaster ☐ Coffee Machine ☐ Coffee Cups Qty: \_\_\_\_
- ☐ Ironing Board ☐ Iron
- ☐ Sleeping Mats Qty: \_\_\_\_ ☐ Pack and Play
- ☐ Folding Table: *table number* \_\_\_\_ ☐ Folding Chairs Qty: \_\_\_\_ *chair number(s)* \_\_\_\_\_

**Cookware**

- ☐ Mixing Bowl Set ☐ Measuring Cup ☐ Measuring Spoon ☐ Cutting Board
- ☐ Colander ☐ Glass Baking Dish ☐ Metal Baking Cookie Sheet
- ☐ Sm. Pot w/ lid ☐ Med. Pot w/ lid ☐ Lg. Pot w/Lid ☐ Skillet

**Utensils & Dishes**

- ☐ Cereal Spoon Qty: \_\_\_\_ ☐ Soup Spoon Qty: \_\_\_\_ ☐ Fork Qty: \_\_\_\_ ☐ Butter Knife Qty: \_\_\_\_
- ☐ Steak Knife Qty: \_\_\_\_ ☐ Chef Knife Set ☐ Spatula Qty: \_\_\_\_ ☐ Serving Spoon Qty: \_\_\_\_ ☐ Serving Fork Qty: \_\_\_\_
- ☐ Sm Cereal Bowl Qty: \_\_\_\_ ☐ Lg Cereal Bowl Qty: \_\_\_\_ ☐ Sm Plates Qty: \_\_\_\_ ☐ Lg Plates Qty: \_\_\_\_

**All Items Must Be Disinfected by Patrons Prior to Return Initial each box**

- ☐ 1. A valid military ID card and copy of orders must be shown in order to use the Lending Closet.
- ☐ 2. Borrower is responsible for returning all items listed below by the indicated due date.
- ☐ 3. All items listed below are in serviceable condition and must be returned in the same condition.
- ☐ 4. All items are property of the United States Government.
- ☐ 5. Before returning, all items must be washed and all pieces returned (i.e. pot with lid).
- ☐ 6. **Extensions may be granted by contacting us on or before the due date at Darling Hall Rm, 172 office number 706-791-1922/3150.**
- ☐ 7. Signature indicates that you have checked all the items, accept responsibility for their return in a clean, serviceable condition on or before the due day, and understand all above conditions/provisions and will comply.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

