

BIG FAMILY OF MICHIGAN
AGING OUT REQUEST FORM
PLEASE PRINT CLEARLY

AGENCY: _____

CONTACT: _____

EMAIL: _____

PHONE: _____

RECIPIENT NAME: _____

GENDER: _____

DATE NEEDED: _____

TYPE OF RESIDENCE (Circle)

House

Apartment

Dorm

PLEASE CHECK ITEMS NEEDED

Bedroom

_____ Bed Size T____ TXL____ F____ Q____ K____
_____ Blanket
_____ Quilt
_____ Comforter
_____ Mattress Pad
_____ Pillow (1)
_____ Sheet Sets (2)

Kitchen

_____ Dish Towels & Cloths
_____ Dish Set (4 Place Settings)
_____ Glasses 4____ 6____ 8____
_____ Silverware (4 Place Settings)
_____ Silverware Tray
_____ Serving Bowls (2)
_____ Kitchen Knives (2)
_____ Steak Knives (4)
_____ Salt & Pepper Shakers
_____ Measuring Cups/Spoons
_____ Coffee Pot
_____ Toaster
_____ Cookware - Pots & Pans
_____ Cook Book
_____ Bakeware
_____ Utensils: Spatula, Ladle
_____ Crock Pot
_____ Plastic Food Storage Containers (4)
_____ Chopping Board

Bathroom

_____ Bath Towels (2)
_____ Hand Towels (2)
_____ Wash Cloths (2)
_____ Bath Mat
_____ Shower Curtain, Liner, Rug
_____ Soap Dish & Accessories
_____ Waste Basket

Miscellaneous

_____ Desk Lamp
_____ Toiletries for Women
_____ Toiletries for Men
_____ Cleaning Items
_____ Cleaning Caddy
_____ Laundry Basket
_____ Suitcase
_____ Alarm Clock

Color Preference: _____

Special Request: _____

Below for Office Use Only

Received: _____ Filled by: _____

Called for PU: _____ Picked Up: _____

Received By: _____