

**Making A House A Home**

Please Complete:

Name Household Head:

Address:

Contact Phone Number:

Individual: M/F

OR Family: # adults M/F

Children: # /ages/M or F

Needed Items

Quantity

Notes

Check if able  
to provide

Air mattress bed

Linens

Pillows

Blankets

Alarm clock

Shower curtain/rings

Bath towels

Washcloth

Bath soap

Shampoo

Toilet paper

Feminine hygiene: be specific

Razor

Toothbrush

Toothpaste

Pots and Pans

Plates

Bowls

Cups/mugs

Glasses

Silverware for 4

Can opener

Dish towel

Dish cloth

Dish drainer

Kitchen Utensils

Broom/dust pan

Mop/bucket

Dish soap

Bathroom cleaner

Multipurpose cleaner

Clorox cleaner

Paper towels

Laundry basket

Trash can-bathroom

Trash can-kitchen

Trash can liners

Toilet bowl brush

Toilet cleaner

Carlisle Borough Bags

Other Requested Items:

Type/Preference: