



# Uniform Assistance Intake Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of children in Household: \_\_\_\_\_

How many children need uniform assistance? \_\_\_\_\_

Male/Female	Age	Grade	Shirt Size	Color(s)	Pants/Shorts Size	Color(s)

Notes:

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