



HELPING HANDS ACROSS CHARLES COUNTY CLOTHING ORDER FORM

Date ordered: _____ Date received: _____

Name: _____
LAST NAME FIRST NAME MI

DOB: _____ Age: ____ Race: _____

Please check one:

- Homeless Shelter Transitional Housing
 Living with family Renter Homeowner
 Military Veteran

Date of Last: Breast Exam/Mammogram _____
 Prostate Exam _____

Address: _____
STREET ADDRESS CITY STATE APT # ZIP

Phone Numbers: _____ home
 _____ work
 _____ cell

<u>Name</u>	<u>Age</u>	<u>Race</u>	<u>Sizes</u>	<u>M/F</u>	<u>Type of Clothing Needed</u>
			Pants Shirt Shoes Underwear Bra		
			Pants Shirt Shoes Underwear Bra		
			Pants Shirt Shoes Underwear Bra		

