

CLIENT'S NEEDS WATERVLIIET/ COHOES

DATE: _____

CLIENT'S NAME: _____

No. of Children being served: _____ Boys _____ Girls

AGE: _____

AGE: _____

AGE: _____

AGE: _____

ITEM	NO. REQUESTED	NO. RECEIVED
DIAPERS (INDICATE SIZE)		
SIZE		
SIZE		
SIZE		
BABY HYGIENE		
Wash		
Lotion or Oil		
Wipes (2+ Children 2 sm. or 1 lg.)		
Diaper Rash Ointment		
FORMULA (0 to 12 mos.): Enfamil (TYPE)		
Similac		
Other		
BABY FOOD (6 -12 mos.) (Max. 10 Jars)	STAGE NO.	
CEREAL		
BOTTLES (Limit one)		
SIPPIE CUP (Every 6 Months)		
CLOTHES: Outfits/PJ's (3 per child max.)		
Winter/Summer BOYS	SIZE	
Winter/Summer GIRLS	SIZE	
ONESIE BOYS	SIZE	
GIRLS	SIZE	
WINTER JACKET (1 per season) BOYS	SIZE	
GIRLS	SIZE	
SPRING/FALL JACKET (1 per season) BOYS	SIZE	
GIRLS	SIZE	
LAYETTE (Gender)		
BLANKET (1 per child every six months)		
CRIB SHEET (1 per child every six months)		
EQUIPMENT: (One time ONLY)		
Stroller/Umbrella		
Walker/Jump Seat		
Pack N Play		
Booster Seat/Potty Seat		
Tub		
BOOKS (3 maximum)		
TOYS		

DO NOT FORGET TO PUT THE NUMBER OF ITEMS RECEIVED.