



CLIENT REGISTRATION



PERSONAL INFORMATION

TODAY'S DATE:

LAST NAME:

FIRST NAME:

STATUS:

Single

Married

BIRTHDATE:

Divorced

Widowed

ADDRESS:

CITY:

ZIP:

EMAIL:

PHONE(S):



SCHOOL & JOB INFORMATION

LAST GRADE
COMPLETED:

ANY COLLEGE
or DEGREE:

WORK
EXPERIENCE:

SPECIAL
SKILLS:

HOBBIES:

CHILDHOOD
DREAM JOB:

LIFE GOALS:



CLOTHING INFORMATION

BASE COLOR:	Shades of Black	Shades of Brown	Shades of Blue
ACCENT:	Deep/Dark	Bright/Cheery	Pale Neutrals
HEIGHT:		WEIGHT:	SHOE SIZE
SIZES:	Tops:	Pants:	Skirts:
	Hosiery:	Bra:	Undies:



ANONYMOUS STAT INFORMATION for ANNUAL REPORTS

VETERAN:	Yes	RACE:	Caucasian	Hispanic
	No		African American	Other
CAUSE OF HARDSHIP:	Divorce	Death of Spouse	Medical Bills	
	Domestic Abuse	Substance Abuse	Financial Issue	
	Criminal Act	Natural Disaster	Other	
CONVICTION:	Yes	TOTAL	CHILDREN #	
	No	HOUSEHOLD #:	AT HOME:	
PERSONAL INCOME:	\$0-\$10,000	\$16,000-20,000	\$26,000-\$30,000	
	\$11,000-\$15,000	\$21,000-\$25,000	\$30,000 +	
ATTEND CHURCH:	Yes	IF YES,		
	No	CHURCH:		



CLIENT INSTRUCTIONS

1. BE ON TIME; 2. BRING PHOTO I.D.; 3. NO GUESTS; 4. BATHE PRIOR TO APPOINTMENT

Amelia's Closet maintains the right to refuse service to any client who demonstrates aggressive or anti-social behavior (i.e. belligerent, hostile, threatening or critical behavior); demonstrates discriminatory or unusual behavior, or sexually harasses any director, employee, volunteer, or client of Amelia's Closet. [No rest room facilities are available in Amelia's Closet.]



RELEASE OF LIABILITY & PERSONAL INFORMATION

By signing below, I give Amelia's Closet permission to obtain information necessary to my application and request for assistance. I also agree to let Amelia's Closet share any information from my case record with agencies and organizations such as, but not limited to, Tennessee Department of Human Services, Social Security Administration, or any other organization or individuals that may help in determining any assistance that I may be entitled to. I also certify that all the information given both verbally or written is true. I also give permission for my photographs to be used in Amelia's Closet publications, printed or electronic. I hereby release Amelia's Closet, all volunteers, staff, and board members from any liability, harm, or injury that may occur while receiving services or from any goods that are received whether occurring at Amelia's Closet or when goods are taken home.

SIGNATURE:

DATE:
