

# New Clothes Labeling Check Sheet

Attention to all residents and family members

Please fill out this form when dropping off any new or unlabeled clothes for yourself or family member.

Please take the filled out form and place it in a bag provided and tie it up.

Place in the bin labeled "Items for Labeling", in front of the laundry Room

Thank you very much

**Resident Name** \_\_\_\_\_

**Room Number** \_\_\_\_\_

<b>Items for labeling</b>	<b>(example) Underwear</b>	<b>Number of items</b>	<b>(example) 6 pairs</b>
_____	_____	<b>Number of</b>	_____
_____	_____	<b>Number of</b>	_____
_____	_____	<b>Number of</b>	_____
_____	_____	<b>Number of</b>	_____
_____	_____	<b>Number of</b>	_____
_____	_____	<b>Number of</b>	_____
_____	_____	<b>Number of</b>	_____

**Resident / POA Name that Filled out sheet ( Please Print)** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Signature** \_\_\_\_\_

Laundry Staff Please sign your name and Date when labeling has been completed and returned to resident

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_