**School Partner Questionnaire**

School Name:

Address:

Number of Students:

Number (or %) of STLS/At -Risk Students:

**School Contact/Delivery Contact:**

Name:

Phone:

Email:

**After Hours (weekend) Delivery Contact (if possible): No Weekend Delivery**

Name:

Phone:

Email:

**Tell Us Which Items Would be Needed:**

**ALL TRAVEL/INDIVIDUAL SIZES**

|  |  |
| --- | --- |
| Item | Yes/No |
| Aquaphor Packets |  |
| Baby Wipes |  |
| Band Aids |  |
| Bristle Brush |  |
| Body Spray |  |
| Deodorant |  |
| Drawstring Bags |  |
| Dry Shampoo |  |
| Flushable Wipes/Body Wipes |  |
| Gloves |  |
| Granola Bars |  |
| Hair Bands |  |
| Hand Lotion |  |
| Nail File |  |
| Pads |  |
| Shampoo |  |
| Snow Hats |  |
| Socks Adults |  |
| Socks Kids (sm) |  |
| Tampons |  |
| Detergent Pods |  |
| Tissue Packs |  |
| Toothbrush |  |
| Toothpaste |  |
| Underwear Boys |  |
| Underwear Girls |  |
| Underwear Men |  |
| Underwear Women |  |
| Ziploc Bags |  |
|  |  |

**Please list any additional items that may be useful for your student population:**

**Thank you! Please return the form to sarah@gracenetworkchi.org!**