

# SolutionsWear Appointment Form

1151 Massachusetts Ave, Cambridge, MA 02138

## Appointment Date

Date (M/D/Y):     \_\_\_\_\_ /     \_\_\_\_\_ /     \_\_\_\_\_

Appointment Day:     Tuesday     Wednesday     Thursday

Appointment Time:     11:00am     12:00pm     1:00pm

## Client Information

Name (first and last): \_\_\_\_\_

Race: \_\_\_\_\_

Biological Gender:     Male             Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Confirmation

*By signing below, you are both confirming that you have read and understand the policies and rules of the SolutionsWear program.*

Client Signature: \_\_\_\_\_

Advocate Signature: \_\_\_\_\_

## Items Received (Office Use Only)

Shirts     Pants     Dresses     Skirts     Sweaters     Jacket     Blazer

Suits     Shoes     Ties     Socks     Scarves     Handbags     Belts

Misc. \_\_\_\_\_