

HOME GOODS CHECKLIST

Client: _____

Coach: _____

Phone # _____ Apartment Address: _____
STREET ADDRESS APT # CITY STATE ZIPCODE

LIST CHILDREN'S FIRST NAME, AGE, GENDER IDENTITY (MALE / FEMALE / NON-BINARY), AND SIZES BELOW:

1: _____
FIRST NAME AGE GENDER SIZES

2: _____
FIRST NAME AGE GENDER SIZES

CHECK ITEMS YOUTH WILL NEED FOR APARTMENT

KITCHEN

<input type="checkbox"/> Small microwave oven	<input type="checkbox"/> Dish towels	<input type="checkbox"/> Cutting board	<input type="checkbox"/> Cooking utensils
<input type="checkbox"/> Toaster	<input type="checkbox"/> Drying mat/rack	<input type="checkbox"/> Mixing bowls	<input type="checkbox"/> Can opener
<input type="checkbox"/> Blender	<input type="checkbox"/> Dishes	<input type="checkbox"/> Measuring cups/spoons	<input type="checkbox"/> Food storage containers
<input type="checkbox"/> Pots and pans	<input type="checkbox"/> Silverware	<input type="checkbox"/> Glassware	<input type="checkbox"/> Curtain rods
<input type="checkbox"/> Cookie sheet	<input type="checkbox"/> Silverware tray	<input type="checkbox"/> Plastic drinking cups	<input type="checkbox"/> Curtains # _____
<input type="checkbox"/> Microwave dish/cover	<input type="checkbox"/> Bottle opener	<input type="checkbox"/> Trash pail	L: <input type="checkbox"/> 63" <input type="checkbox"/> 84" W: _____"
<input type="checkbox"/> Oven mitts/pot holders	<input type="checkbox"/> Scissors	<input type="checkbox"/> Colander	<input type="checkbox"/> _____

COLORS:

BEDROOM

<input type="checkbox"/> Sheet set <input type="checkbox"/> Full <input type="checkbox"/> Queen	<input type="checkbox"/> Bed bug protector	<input type="checkbox"/> Hangers	<input type="checkbox"/> Curtains # _____
<input type="checkbox"/> Pillows	<input type="checkbox"/> Comforter	<input type="checkbox"/> Underbed storage	L: <input type="checkbox"/> 63" <input type="checkbox"/> 84" W: _____"
<input type="checkbox"/> Mattress pad	<input type="checkbox"/> Duvet cover	<input type="checkbox"/> Curtain rods	<input type="checkbox"/> _____

COLORS:

CHILDREN'S BEDROOM

<input type="checkbox"/> Sheet set <input type="checkbox"/> Twin <input type="checkbox"/> Toddler	<input type="checkbox"/> Pillow	<input type="checkbox"/> Children's books/toys	<input type="checkbox"/> Curtain rods
<input type="checkbox"/> Mattress protector	<input type="checkbox"/> Blanket	<input type="checkbox"/> Kids plates & cups	<input type="checkbox"/> Curtains # _____
Size _____	<input type="checkbox"/> Quilt/bed cover	<input type="checkbox"/> Kids silverware	L: <input type="checkbox"/> 63" <input type="checkbox"/> 84" W: _____"

COLORS:

BATHROOM

<input type="checkbox"/> Sheet set <input type="checkbox"/> Full <input type="checkbox"/> Queen	<input type="checkbox"/> Shower curtain	<input type="checkbox"/> Shower caddy	<input type="checkbox"/> Curtain rods
<input type="checkbox"/> Bath towel set	<input type="checkbox"/> Curtain liner	<input type="checkbox"/> Toilet brush	<input type="checkbox"/> Curtains # _____
<input type="checkbox"/> Bath mat	<input type="checkbox"/> Curtain hooks	<input type="checkbox"/> Trash can	L: <input type="checkbox"/> 63" <input type="checkbox"/> 84" W: _____"

COLORS:

LIVING ROOM

<input type="checkbox"/> Curtains # _____ L: <input type="checkbox"/> 63" <input type="checkbox"/> 84" W: _____"	<input type="checkbox"/> Curtain rods	<input type="checkbox"/> TV
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COLORS:

MISCELLANEOUS / OTHER / ADDITIONAL FURNITURE NEEDED

<input type="checkbox"/> Shopping cart	<input type="checkbox"/> Broom/Dustpan	<input type="checkbox"/> Basic tool kit	<input type="checkbox"/> Standing lamp
<input type="checkbox"/> Laundry bags	<input type="checkbox"/> Mop/Pail/Bucket	<input type="checkbox"/> Flashlight	<input type="checkbox"/> Shoe rack
<input type="checkbox"/> Cleaning supplies	<input type="checkbox"/> Extension cords	<input type="checkbox"/> Full length mirror	<input type="checkbox"/> Storage bins (closet) # _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	