



Everyday Essentials

Name: _____

Gender: M or F

Community Name and Address:

Community Contact Person (name, phone number, email):

Medicaid: Y or N

Items needed:

_____ Shampoo	_____ Incontinence Products size: S M L
_____ Conditioner	_____ Body Wash
_____ Nail Polish	_____ Lotion
_____ Tissues	_____ Hairbrush or combs
_____ Aftershave	_____ Soap

Other: _____

Please email completed form to eegapc@gmail.com

*Please note: we rely on the Members of the Guardian Association of Pinellas County for donations. We may not have all items available but will do our best to provide items requested. Only low-income seniors on Medicaid will be eligible to receive items. **Deadline to submit requests: 8/1/18**