



**HOMESTEAD COMMUNITY
HAIR STYLIST, BARBER & MANICURE
PREFERENCE SELECTIONS**



RESIDENT NAME: _____ DATE: _____

FAMILY MEMBER: _____ PHONE: _____

HAIR STYLIST PREFERENCES

SELECTION	FREQUENCY – Circle one below	COMMENTS / REQUESTS
Wash	Weekly Bi-Weekly Monthly	
Set	Weekly Bi-Weekly Monthly	
Cut	Weekly Bi-Weekly Monthly	
Perm	Bi-Weekly Monthly	
Color	Bi-Weekly Monthly	

MANICURE PREFERENCES

FREQUENCY – Circle one below	COMMENTS / REQUESTS
Bi-Weekly Monthly	