



ENGLISH
KidVantage Assistance Form
Section 1: Household Information – HH

NOTE: For more information on definitions and how to fill the data fields, refer to the Provider Training Manual Appendix

Household Last Name:		Zip Code:
Income Level: (% of Average Median Income) <input type="checkbox"/> < 30% AMI <input type="checkbox"/> < 50% AMI <input type="checkbox"/> < 80% AMI <input type="checkbox"/> > 80% AMI <input type="checkbox"/> Unknown	Housing Status: <input type="checkbox"/> Literally Homeless (car, outside) <input type="checkbox"/> Imminent Risk Homeless (pending evictions) <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Shelter/Motel Vouchers <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Sharing housing of another person <input type="checkbox"/> Rental – Section 8 <input type="checkbox"/> Subsidized Housing (Public HUD) <input type="checkbox"/> Rental – Other Subsidy (Rapid Rehouse, etc.) <input type="checkbox"/> Rental - Tax Credit (ARCH) <input type="checkbox"/> Rental - Market Rate Housing <input type="checkbox"/> Home Ownership <input type="checkbox"/> Unknown	Primary language Spoken in HH: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Amharic (Ethiopian) <input type="checkbox"/> Arabic (N. African/ Middle East) <input type="checkbox"/> Burmese/Myanmar <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Chinese/Mandarin <input type="checkbox"/> English <input type="checkbox"/> Farsi/Dari/Persian (Middle East) <input type="checkbox"/> Hindi (India) <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mayan – Kanjobal <input type="checkbox"/> Mayan- Mam <input type="checkbox"/> Nepali </div> <div style="width: 50%;"> <input type="checkbox"/> Oromo (Ethiopian, Kenya) <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi (India) <input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Swahili (DRC, Uganda, E. African) <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other non-English <input type="checkbox"/> Unknown </div> </div>
Primary Caregiver: <input type="checkbox"/> Single-Parent Household <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent/ Relative <input type="checkbox"/> Other	Caregiver Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Unknown	Benefits Received: (check all that apply) <input type="checkbox"/> Medicaid/ Apple Health <input type="checkbox"/> SNAP- Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> No Benefits Received <input type="checkbox"/> Unknown
Primary Caregiver has a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Primary Caregiver identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the vehicle have both lap and shoulder seatbelts? <input type="checkbox"/> Yes <input type="checkbox"/> No

By providing this information I acknowledge that I have given permission to have this information entered into the secure KidVantage Ordering System as it is required to complete this order.

_____ (Caregiver Initials)

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KidVantage Assistance Form
Section 2: Recipient Information

NOTE: Please update height, weight, clothing size, and shoe size on monthly basis.

For more information on definitions and how to fill the data fields, refer to the Provider Training Manual.

Recipient's First Name:		Recipient's Last Name:		
Height (in inches):	Weight (in pounds):	Clothing Size*:	Shoe Size**:	Shoe Width: Narrow Medium Wide
Birth Month:	Birth Year:	Gender Expression: (the style of the items ordered & what is printed on the labels for order fulfillment) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Neutral		Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another Gender Identity <input type="checkbox"/> Non-Binary <input type="checkbox"/> Unknown
Race/Ethnicity: <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> American Indian/ Alaska Native</div><div style="width: 33%;"><input type="checkbox"/> Hispanic/Latinx</div><div style="width: 33%;"><input type="checkbox"/> Native Hawaiian/Pacific Islander</div><div style="width: 33%;"><input type="checkbox"/> Asian</div><div style="width: 33%;"><input type="checkbox"/> Cuban/ Puerto Rican</div><div style="width: 33%;"><input type="checkbox"/> Samoan</div><div style="width: 33%;"><input type="checkbox"/> Asian Indian</div><div style="width: 33%;"><input type="checkbox"/> Mexican/Mexican American/Chicano</div><div style="width: 33%;"><input type="checkbox"/> Multiracial/Biracial</div><div style="width: 33%;"><input type="checkbox"/> Chinese</div><div style="width: 33%;"><input type="checkbox"/> Black/ African American</div><div style="width: 33%;"><input type="checkbox"/> White Caucasian</div><div style="width: 33%;"><input type="checkbox"/> Filipino</div><div style="width: 33%;"><input type="checkbox"/> Biracial (Black-White)</div><div style="width: 33%;"><input type="checkbox"/> Middle Eastern (Arab, Persia, etc.)</div><div style="width: 33%;"><input type="checkbox"/> Japanese</div><div style="width: 33%;"><input type="checkbox"/> Ethiopian/ East African</div><div style="width: 33%;"><input type="checkbox"/> Unknown/Other Race</div><div style="width: 33%;"><input type="checkbox"/> Korean</div><div style="width: 33%;"><input type="checkbox"/> Somali</div><div style="width: 33%;"><input type="checkbox"/> Vietnamese</div></div>				English Proficiency: <input type="checkbox"/> Low (Limited) <input type="checkbox"/> Medium <input type="checkbox"/> High
Military Service: <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> No Military Service</div><div style="width: 50%;"><input type="checkbox"/> Partner of Person in Active Military</div><div style="width: 50%;"><input type="checkbox"/> Child of Parent Active Military Service</div><div style="width: 50%;"><input type="checkbox"/> Unknown</div><div style="width: 50%;"><input type="checkbox"/> Parent Military Service (Active or Past)</div></div>			Refugee/ Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	The recipient has a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

CLOTHING SIZES

Children: Preemie, 0-3m, 3-6m, 6-9m, 9-12m, 12m, 18m, 24m/2T, 3T, 4T, 5/5T, 6, 7, 8, 10, 12, 14

Maternity: 0, 2, 4, 6, 8, 10, 12, 14, 16, 18, 1XL, 2XL, 3XL

SHOE SIZES

Child (C): 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 **Youth (Y):** 1, 2, 3, 4, 5, 6, 7 **Adult (A):** 8, 9, 10, 11

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KidVantage Assistance Form
Section 3: Re-occurring Recipient Information

NOTE: Please update height, weight, clothing size, and shoe size on monthly basis.

For more information on definitions and how to fill the data fields, refer to Provider Training Manual.

Recipient's First Name:			Recipient's Last Name:		
Height (in inches):	Weight (in pounds):	Clothing Size*:	Shoe Size**:	Shoe Width: Narrow Medium Wide	
Birth Month	Birth Year	Gender Expression: (the style of the items ordered & what is printed on the labels for order fulfillment) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Neutral			

Products Requested

Name of the Product	Quantity (if applicable)	Comments

SPECIAL NOTES FROM THE CAREGIVER:

CLOTHES SIZES

Children: Preemie, 0-3m, 3-6m, 6-9m, 9-12m, 12m, 18m, 24m/2T, 3T, 4T, 5/5T, 6, 7, 8, 10, 12, 14

Maternity: 0, 2, 4, 6, 8, 10, 12, 14, 16, 18, 1XL, 2XL, 3XL

SHOE SIZES

Child (C): 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 **Youth (Y):** 1, 2, 3, 4, 5, 6, 7 **Adult (A):** 8, 9, 10, 11

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