



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: Zipcode: Total # of People in Household:	Benefits Received: <i>(check all that apply)</i> <input type="checkbox"/> Medicaid/ Apple Health <input type="checkbox"/> SNAP- Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Section 8/Subsidized Housing <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSDI/SSA <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Veterans Benefits	Housing Status: <input type="checkbox"/> Literally Homeless (car, outside) <input type="checkbox"/> Shelter/Motel Vouchers <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Imminent Risk Homeless (pending evictions) <input type="checkbox"/> Subsidized Housing (Public HUD) <input type="checkbox"/> Rental- Tax Credit (ARCH) <input type="checkbox"/> Rental- Market Rate Housing <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Sharing housing of another person <input type="checkbox"/> Rental – Section 8 <input type="checkbox"/> Rental – Other Subsidy (Rapid Rehouse, etc.) <input type="checkbox"/> Home Ownership <input type="checkbox"/> Unknown	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		
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	Primary language Spoken in HH <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Mayan- Mam <input type="checkbox"/> Chinese/Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Ukrainian <input type="checkbox"/> Amharic (Ethiopian) <input type="checkbox"/> Arabic (N. African/Middle East) <input type="checkbox"/> Hindi (India) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Other non-English <input type="checkbox"/> Burmese/Myanmar <input type="checkbox"/> Farsi/Dari/Persian (Middle East) <input type="checkbox"/> Mayan – Kanjobal <input type="checkbox"/> Nepali <input type="checkbox"/> Oromo (Ethiopian, Kenya) <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi (India) <input type="checkbox"/> Somoan <input type="checkbox"/> Swahili (DRC, Uganda, E. African) <input type="checkbox"/> Tagalog <input type="checkbox"/> Unknown </td> </tr> </table>		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Mayan- Mam <input type="checkbox"/> Chinese/Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Ukrainian <input type="checkbox"/> Amharic (Ethiopian) <input type="checkbox"/> Arabic (N. African/Middle East) <input type="checkbox"/> Hindi (India)	<input type="checkbox"/> Other non-English <input type="checkbox"/> Burmese/Myanmar <input type="checkbox"/> Farsi/Dari/Persian (Middle East) <input type="checkbox"/> Mayan – Kanjobal <input type="checkbox"/> Nepali <input type="checkbox"/> Oromo (Ethiopian, Kenya) <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi (India) <input type="checkbox"/> Somoan <input type="checkbox"/> Swahili (DRC, Uganda, E. African) <input type="checkbox"/> Tagalog <input type="checkbox"/> Unknown	Caregiver Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Unknown
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Mayan- Mam <input type="checkbox"/> Chinese/Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Ukrainian <input type="checkbox"/> Amharic (Ethiopian) <input type="checkbox"/> Arabic (N. African/Middle East) <input type="checkbox"/> Hindi (India)	<input type="checkbox"/> Other non-English <input type="checkbox"/> Burmese/Myanmar <input type="checkbox"/> Farsi/Dari/Persian (Middle East) <input type="checkbox"/> Mayan – Kanjobal <input type="checkbox"/> Nepali <input type="checkbox"/> Oromo (Ethiopian, Kenya) <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi (India) <input type="checkbox"/> Somoan <input type="checkbox"/> Swahili (DRC, Uganda, E. African) <input type="checkbox"/> Tagalog <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	HH is a recent refugee? <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)

Disclaimer: Data will be used for KidVantage internal use only, all information will be kept confidential.



ENGLISH
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 Name:				
Height in Inches:	Weight in Lbs.:	Clothing Size*:	Shoe Size**:	Shoe Width: Narrow Medium Wide
Birth Month:	Birth Year:	Gender Expression: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Neutral		
Race and Ethnicity:			English Proficiency:	
<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean			<input type="checkbox"/> Low (Limited) <input type="checkbox"/> Medium <input type="checkbox"/> High	
<input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Mexican/Mexican American/Chicano <input type="checkbox"/> Cuban/ Puerto Rican <input type="checkbox"/> Black/ African American <input type="checkbox"/> Biracial (Black-White) <input type="checkbox"/> Ethiopian/ East African <input type="checkbox"/> Middle Eastern (Arab, Persia, etc.)			<input type="checkbox"/> Somali <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Multiracial/Biracial <input type="checkbox"/> White Caucasian <input type="checkbox"/> Unknown/Other Race	
Military Service:		Refugee/ Immigrant	The recipient has a Disability:	
<input type="checkbox"/> No Military Service <input type="checkbox"/> Child of Parent Active Military Service <input type="checkbox"/> Parent Military Service (Active or Past)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Partner of Person in Active Military <input type="checkbox"/> Unknown				

CLOTHING SIZES

Children: Premie, 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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ENGLISH
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 Name:

Height in Inches:	Weight in Lbs.:	Clothing Size*:	Shoe Size**:	Shoe Width: Narrow Medium Wide
Birth Month	Birth Year	Gender Expression: <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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