Field Order Form

Optional Agency Use

Household

Household Name:

Zip Code:

First Order No Yes

Income Level:
% of Average Median Income

❑ < 30% AMI ❑ < 50% AMI ❑ < 80% AMI ❑ > 80% AMI ❑ Unknown

Homeless: No Yes Unknown

Recipient

Recipient's Name:

Gender: Male Female Unknown

Birthdate/Due Date: Month Year

Height: Inches

Weight: Lbs.

Clothing Size:

Shoe Size:

Shoe Width: Medium Wide Narrow

Clothing Sizes
Preemie, 0-3m, 3-6m, 6-9m, 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:** 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 **Youth:** 1, 2, 3, 4, 5, 6, 7 **Adult:** 8, 9, 10, 11

Demographics

Race/Ethnicity:

❑ American Indian or Alaska Native
❑ Asian / Asian American
❑ Black / African American
❑ Latino / Latino American / Hispanic
❑ Native Hawaiian or Pacific Islander
❑ White / Caucasian
❑ Multi-Racial
❑ Other Race
❑ Unknown

	No	Yes	Unknown
Refugee / Immigrant	❑	❑	❑
Limited English Proficiency	❑	❑	❑
Disability	❑	❑	❑

Military Service:

Indicate any past or present service of the recipient, their parent, or partner.

Items:	Comments

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

_____ (Caregiver Initials)

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