

-Field Order Form- Household Information - HH

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 <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Shelter/Motel Vouchers <input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Section 8 Voucher/ Project-Based <input type="checkbox"/> Subsidized Housing (Public, HUD) <input type="checkbox"/> Tax Credit (ARCH) <input type="checkbox"/> Market Rate Housing <input type="checkbox"/> Unknown
Primary language Spoken in HH		Benefits Received (check all that apply)		Total # of People in Household:
<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Chinese/Mandarin <input type="checkbox"/> Ethiopian/Amharic <input type="checkbox"/> Korean <input type="checkbox"/> Mam/Guatemalan <input type="checkbox"/> Russian	<input type="checkbox"/> Somali <input type="checkbox"/> South Asian/ Hindi <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other non-English	<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		
Primary Caregiver:	Does Primary Caregiver identify as LGBTQ+?	Primary Caregiver has a Disability:	Caregiver Employment Status:	Does the vehicle have both lap and shoulder seatbelts?
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Unknown	<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 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



-Field Order Form- Recipient Information

English

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

Recipient's Name:	Birthdate/Due Date: Month Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Recipient Type <input type="checkbox"/> Child <input type="checkbox"/> Expectant Mom/ Postpartum
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Height in Inches	Weight in Lbs.	Clothing Size:	Shoe Size:	Shoe Width: <input type="checkbox"/> Medium <input type="checkbox"/> Wide <input type="checkbox"/> Narrow
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Clothing Sizes-

Children: 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:

<input type="checkbox"/> American Indian/ Alaskan- 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"/> Vietnamese <input type="checkbox"/> Hispanic/ Latinx	<input type="checkbox"/> Cuban/ Puerto Rican <input type="checkbox"/> Mexican/Mexican American/Chicano <input type="checkbox"/> Black/ African-American <input type="checkbox"/> Biracial (Black-White) <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somali	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Multiracial <input type="checkbox"/> White Caucasian <input type="checkbox"/> Unknown
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English Proficiency: <input type="checkbox"/> Low (Limited) <input type="checkbox"/> Medium <input type="checkbox"/> High	Refugee/ Immigrant <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Military Service: <input type="checkbox"/> No Military Service <input type="checkbox"/> Child of Parent in Active Service <input type="checkbox"/> Parent Military Service (past or present) <input type="checkbox"/> Partner of Person in Active Military Service <input type="checkbox"/> Unknown	Recipient has a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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-Field Order Form- For Recurring Recipients

English

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

Household Last Name:		Recipient's Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Height in Inches	Weight in Lbs.	Clothing Size*:	Shoe Size**:	Shoe Width: <input type="checkbox"/> Medium <input type="checkbox"/> Wide <input type="checkbox"/> Narrow	

***Clothing Sizes-**

Children: 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

Items Requested

Name of Item	Comments	Quantity (only for items if it applies)

Special Notes:

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