



-EBC Assistance Form-

Section 1: Household Information - HH

ENGLISH

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"/> Shelter/Motel Vouchers <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Imminent Risk Homeless (pending evictions) <input type="checkbox"/> Fleeing/ Attempting to Flee DV <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 <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Mam/Guatemalan <input type="checkbox"/> Chinese/Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Ukrainian <input type="checkbox"/> Ethiopian/Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> South Asian/Hindi <input type="checkbox"/> Other non-English		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"/> Section 8/Subsidized Housing <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSDI/SSA <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Veterans Benefits		Total # of People in Household:
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	Does Primary Caregiver identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Primary Caregiver has a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Unknown	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 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



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Section2: Recipient Information

ENGLISH

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 Appendix

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 and Ethnicity:

<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hispanic/Latino <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 <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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Language Proficiency: <input type="checkbox"/> Low (Limited) <input type="checkbox"/> Medium <input type="checkbox"/> High	Military Service: <input type="checkbox"/> No Military Service <input type="checkbox"/> Child of Parent in Active Military 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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Section 3: Recurring Recipient Information

ENGLISH

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 Appendix

Household Last Name:	Recipient's Name:	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
Height in Inches	Weight in Lbs.	Clothing Size*:	Shoe Size**: <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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