

EMERGENCY ASSISTANCE REQUEST

STEP 1: Please print contact information

Name	Phone		Date	
Address	City		Zip	
Email	Pick u	p person, if not person list	ed	

31EP 2. N	iousenoia ini	ioi illauon (Pro	ovide gender &	age of EVERYONE living in the nouse)					
# of people	living in your h	ousehold?	STEP 3: SOCKS/UNDERWEAR Complete ONLY if needed-EMERGENCIES ONLY						
Age	Gend	ler		Underwear Size Shoe Size					
	Male	Female	→	E M					
	Male	Female	→	E R					
	Male	Female	→	G E					
	Male	Female	→	N C					
	Male	Female	→	Y					
	Male	Female	→	O N					
	Male	Female		L Y					
	Male	Female	→						
	Male	Female							

STEP 4: BABY/TODDLER CARE (Age 4 & below): Place "X" by items needed today

	Diapers	Size needed	Infant formula	Which brand?		Baby bottle
	Pull-Ups Size needed		Baby cereal:	Rice or oatmeal?		Toddler sippy cup
Baby wipes			Baby food	Stage 1, 2, or 3?	Baby/Kid shampoo & body	
Otl	ner:			_		Baby lotion

STEP 5: ESSENTIAL HYGEINE/HOUSEHOLD Items: Place "X" by items needed today

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	Family Support Essentials Kit Includes: shampoo, adult toothbrushes, adult toothpaste, male and/or female deodorant, soap, razors, toilet paper, paper towel, dish and laundry soap (#'s and gender based on household information provided above)									
	Child's Toothbrush	# of boy			# of girl					
	Child's Toothpaste			Feminine hygiene pack			Pads or tampons?			

- Complete Steps 3, 4, & 5 with items needed today. *If not needed today, leave boxes empty*.
- We will fill all requests on a first come, first serve basis, and according to availability of items. We reserve the right to refuse service and/or items to anyone for any reason.
- Emergency assistance available once a month (30 calendar days) ONLY.
- If you need children's clothing, shoes, or other children's items, please sign up and attend a Clothe Me Co-Op distribution (visit KAC Serves website and/or Clothe Me Co-Op Facebook Page for details).