 EMERGENCY ASSISTANCE REQUEST

**STEP 1: Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| CASE WORKER |  | AGENCY/GROUP |  |
| Phone |  | Email |  |
| FAMILY NAME |  | Phone/Email |  |
| Address |  | City |  | Zip |  |

**STEP 2: Household Information (Provide gender & age of EVERYONE living in the house)**

|  |  |  |  |
| --- | --- | --- | --- |
| # of people living in your household? |  |  | **STEP 3: CLOTHING/SOCKS/UNDERWEAR** |
|  | **Complete ONLY if needed today-EMERGENCIES ONLY!** |

 Age Gender Underwear Size Sock Size Clothing Size

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Male |  | Female |  | EM |  |  |  |
|  |  | Male |  | Female |  | ER |  |  |  |
|  |  | Male |  | Female |  | GE |  |  |  |
|  |  | Male |  | Female |  | NC |  |  |  |
|  |  | Male |  | Female |  | Y |  |  |  |
|  |  | Male |  | Female |  | ON |  |  |  |
|  |  | Male |  | Female |  | LY |  |  |  |
|  |  | Male |  | Female |  |  |  |  |  |
|  |  | 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 wash |
| Other: |  |  |  | Baby lotion |

**STEP 5: ESSENTIAL HYGEINE/HOUSEHOLD Items:** Place “X” by items needed today

|  |  |
| --- | --- |
|  | **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 they need clothing, shoes, toys, or gear, please sign up and attend a Clothe Me Co-Op distribution – 2nd Saturday of each month (visit KAC Serves website and/or Clothe Me Co-Op Facebook Page for details).**