

KCLF REFUGEE ASSISTANCE APPLICATION FORM

Office use only

IMPORTANT: *Please fill each section completely, accurately, and clearly.*

KCLF:20250

Date: / /2025

1. **[Please: Start here]** A. APPLICANT PERSONAL INFORMATION

Last Name: _____ Middle name: _____

First Name: _____ Date of Birth: _____

Country of Birth: _____ Family Size: _____ Gender: ☐ SSN 4 Dig #: _____

Marital Status: ☐ Married, ☐ Single, ☐ Separated, ☐ Widow.

Address: _____ City: _____ State: _____ Zip code: _____

Your Contact: _____ Alternative phone#: _____

Email address (*optional*): _____ Date arrived in US: _____

Refugee Agency: _____ Case manager: _____ Contact: _____

1. List here everyone currently living with you, starting with the oldest, except yourself.

No.	Full names	Relationship	Date birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

B. Employment information

[if you are new arrival in US/Boise Idaho, skip this section for it is filled only by person who comes for rent or utility bills assistance, so, go to section C]

Utility bills (*for this point, we can help, only if a prove letter from the company is given out*)

Are you currently working? _____ **Yes or No**, if yes, where _____

Can we contact them? _____ **Yes / No**, if yes, provide their contact: _____

How many people are working in your family? _____

Estimate monthly your income: _____

How did you hear about us? _____

Personal Reference: _____

Contacts (phone or email address): _____

Relationship to you: _____

Explain the major heartened reason that caused your financial and why do we have to support you!

How is your monthly expenditure?

Rent: _____ IOM: _____ Phones: _____ Car insurance: _____

Car loan: _____ Gas: _____ Idaho power: _____ Other: _____

Do you have any other things that you want to tell us? If yes, please share here:

C. What do you want us to help you with, please check in box [Remember you have to check only the most needed items, not all of them are necessary.]

Toiletries & Cleaning:

- | | | |
|--|--|--|
| <input type="checkbox"/> Body lotion | <input type="checkbox"/> Paper towels | <input type="checkbox"/> Mouth washer |
| <input type="checkbox"/> Hands soap | <input type="checkbox"/> Toilet papers | <input type="checkbox"/> Shaving razors. |
| <input type="checkbox"/> Diapers | <input type="checkbox"/> Deodorant <input checked="" type="checkbox"/> | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Toothpaste & brush. | <input type="checkbox"/> laundry detergent | <input type="checkbox"/> Bulbs |

- | | | |
|---|--|--|
| <input type="checkbox"/> Kleenex | <input type="checkbox"/> Dishwasher soap | <input type="checkbox"/> Infant milk |
| <input type="checkbox"/> Ladies' pads | <input type="checkbox"/> Shampoo & Conditioner | <input type="checkbox"/> Coffee |
| <input type="checkbox"/> Gillette cream | <input type="checkbox"/> Scents/fragrant | <input type="checkbox"/> Miscellaneous |

D. Clothing (*Between blankets & bed sheets choice is yours, what you mostly you cannot get both today*)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Bed sheets. | <input type="checkbox"/> Shoes |
| <input type="checkbox"/> Blankets | <input type="checkbox"/> Socks |
| <input type="checkbox"/> Jackets | <input type="checkbox"/> Backpacks |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Ladies underwear |

In case of shoes, please write down all sizes of those who are in need, following the list given in section A:

1. Sizes: _____ 2. #: _____ 3. #: _____ 4. #: _____ 5. #: _____

6. #: _____ 7. #: _____ 8. #: _____ 9. #: _____ 10. #: _____

HOUSEHOLD:

Remember that, after the visit made by its provider, the foundation evaluates different requests, for the household items, such as, electrical stuffs listed down here. Please for the same articles, once you were donated one from any person or NGO, please, do not ask for extra one, may be for another room or not:

- | | | | |
|--|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Blander/Mixer | <input type="checkbox"/> Tea kettle | <input type="checkbox"/> Coffee maker | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Pans (pot) | <input type="checkbox"/> Sub ware | <input type="checkbox"/> Egg cooker | <input type="checkbox"/> Heater |
| <input type="checkbox"/> Knives | <input type="checkbox"/> Water glasses. | <input type="checkbox"/> Fan | <input type="checkbox"/> Trash bags |
| <input type="checkbox"/> Plates | <input type="checkbox"/> Air fry | <input type="checkbox"/> Iron | <input type="checkbox"/> Trash can |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Toaster | <input type="checkbox"/> TV & antenna | |
| <input type="checkbox"/> TV stand (mostly assisted to single mom only or old people) | | | |
| <input type="checkbox"/> Bike_ (if needed, one per family) | | | |
| <input type="checkbox"/> Furniture (<i>Items reserved to the new arrival only</i>): _____ | | | |
| <input type="checkbox"/> Washing and dryer machines (<i>New arrival or prove of income ancient refugee</i>): _____ | | | |

Please take one minutes to answer the following short questions.

In case of seminar or training, if we invite you to participate in our workshop or couponing classes, will you be able to come it's not compulsory: ☐ Yes ☐ No

Note: With your approval, as our client, we would like to have a picture of you after shopping,

that we will keep in our file: ☐ Yes ☐ No

Can we publish it in our magazines or pamphlet? ☐ Yes. ☐ No

Thanks for filling this form your response.

Shopping History (*office use only*):



Krazy Coupon Lady Foundation.

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