Snoqualmie Indian Tribe

KidVantage NW Order Form

Order form is required to process request. A separate order form must be submitted per child, children must be under the age of 12 to be eligible for this program. If maternity wear is being requested the application should be filled out for the expectant mother, items cannot be requested for unborn children until the expectant mother is in her third trimester. Only 5 items can be requested per order. Only two applications can be submitted per month per child, subject to availability. Requested items must be picked up within 7 business days after notification by the Tribe's Administrator.

Application

Child Name: _____

Sex: Male Female

Date of Birth (or due date) : _____/_____/_____

Weight: _____ Height (in inches): _____

Shoe size: _____ Clothing Size: _____

Race/Ethnicity: White Black or African American Asian Native Hawaiian or Pacific Islander

Native American/Alaska Native/First Nations Hispanic or Latino

Household

(this section only needs to be filled out at time of first application)

Guardian Name: _____

Phone Number: _____ Zip Code: _____

Household Income (Estimated Gross Income): $_____

Household Size: _____ Household Primary Language: _____

Any member(s) of the Household Active Duty, Retired Military, or Veteran? YES NO

Order

	Item Requested	Details or Specification (size, color, brand, etc.)
1.		
2.		
3.		
4.		
5.		

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I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in a service or benefit to which I am not entitled. By signing I agree that Eastside Baby Corner and the Snoqualmie Indian Tribe Program may contact other internal and external programs for pertinent information as it applies to this application. By signing I agree that Eastside Baby Corner can utilize the demographics provided in this application for the purposes of federal and state program and grant reporting.

Signature: _____ Date: _____

Mail Orders to: PO BOX 969 Snoqualmie WA 98065

Email: generalresources@snoqualmietribe.us

Questions? Contact Elisa Slowey 425-888-6551 ext 6234