



# Referral Application

Infinite Acts of Kindness (IAK) is a nonprofit organization that enhances the personal and professional development of low income single mothers. The purpose of this application is to determine whether an applicant qualifies as a recipient to receive goods and services from IAK.

Is the recipient a single mother?  Yes  No

### Referral's Information

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Relation to recipient: \_\_\_\_\_

### Recipient's Information

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

#### Optional:

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Race: \_\_\_\_\_  
Employer \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Education (check all that apply): High School [  ] College [  ] Trade School [  ] Military [  ]  
Institution \_\_\_\_\_ City/State \_\_\_\_\_ Major \_\_\_\_\_  
Military Branch \_\_\_\_\_ Concentration \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Please select the item(s) that you are requesting for the recipient:

IAK Care Package\*  Career Counseling \_\_\_\_\_ Academic Scholarship \_\_\_\_\_

*\*The IAK Care Package includes clothing, shoes and/or accessories. The contents of the Care Packages may vary based on the availability of merchandise and sizes. Please select the recipient's size among the following items that are currently available in our boutique:*

Weight: \_\_\_\_\_ | Height: \_\_\_\_\_ feet, \_\_\_\_\_ inches | Bra size: \_\_\_\_\_ | Waist size: \_\_\_\_\_ | Hip size: \_\_\_\_\_

Shirt/Blouse: [ ]5/6 [ ]7/8 [ ]9/10 [ ]11/12 [ ]13/14 [ ]15/16 [ ]17/18  
Blazer: [ ]5/6 [ ]7/8 [ ]9/10 [ ]11/12 [ ]13/14 [ ]15/16 [ ]17/18  
Sweater: [ ]Extra Small [ ]Small [ ]Medium [ ]Large [ ]Extra Large  
Casual shirt: [ ]Extra Small [ ]Petite Small [ ]Small [ ]Medium [ ]Large [ ]Extra Large  
Jeans: [ ]2 Regular [ ]3 Medium [ ]7 Medium [ ]8 [ ]12 [ ]12 Long [ ]14  
Casual Pants: [ ]2 [ ]4 [ ]5/6 [ ]7/8 [ ]9/10 [ ]11/12 [ ]13/14 [ ]15/16 [ ]17/18 [ ]20  
Dress Pants: [ ]2 [ ]4 [ ]5/6 [ ]7/8 [ ]9/10 [ ]11/12 [ ]13/14 [ ]15/16 [ ]17/18 [ ]20  
Skirt: [ ]7/8 [ ]9/10 [ ]10 Petite [ ]11/12 [ ]15/16  
Casual dress: [ ]2 [ ]5/6 [ ]7/8 [ ]9/10 [ ]13/14  
Skirt Suit: [ ]7/8 [ ]9/10 [ ]11/12 [ ]13/14 [ ]15/16  
Pant Suit: [ ]4 [ ]7/8 [ ]9/10 [ ]11/12 [ ]14 [ ]16 [ ]18W  
Shoes: [ ]9 [ ]9 ½ [ ]10 [ ]11

### **ELIGIBILITY REQUIREMENTS**

Applicants must meet the following criteria:

- Be a single mother currently residing in the United States;
- Be a single mother who is considered low income based on the guidelines established by the U.S. Department of Housing and Urban Development. For income limits in your county/city, please visit: <http://www.huduser.org/datasets/il.html>; and
- Provide proof of income (e.g., TANF, recent pay stub, social security or SSI statement, etc.).

### **Declaration**

I understand that this Referral Application does not create any obligation on behalf of Infinite Acts of Kindness (IAK). I understand that the information provided will be used to determine approval of the referred candidate. Items received from IAK are for the recipient's use only and not permitted for resale. By signing below, I warrant and represent that all statements provided in this application are true and complete to the best of my knowledge. I hereby authorize Infinite Acts of Kindness and its assigned representatives to verify information provided.

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**Signature**

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**Date**

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**Print Name**

### **Please mail your completed application to:**

Infinite Acts of Kindness  
P.O. Box 151  
Sealston, VA 22547

**If you should have any additional questions please contact Andrea James at:**

Phone: (703) 969-1135  
Email: [info@InfiniteActsofKindness.org](mailto:info@InfiniteActsofKindness.org)

*Infinite Acts of Kindness is a tax-exempt 501(c)(3) public charity under the Internal Revenue Service Code.*