



ONLINE REFERRAL FORM (revised 01/23/14) Please Check: Professional Interview Attire ___ Weekly Suiting Grooming ___

CLIENT INFORMATION

Date _____
Client First Name: _____ Last Name _____
Address: _____
City: _____ State _____ Zip _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Email Address: _____

DEMOGRAPHIC INFORMATION

This information is **CONFIDENTIAL** and for internal purposes only. Your information will not be shared or reported to outside agencies.

County: _____ Date of Birth ____/____/____ Age _____
Ethnicity: African American Latino / Hispanic Asian Caucasian Other _____
Age: _____ Marital Status: Single Married Divorced Separated Widowed
Education completed: 8th Grade or below High School GED Some College 2 yr Degree 4 yr Degree Graduate
Other Education: _____
Household Size: 1 2 3 4 5 6 7 8 9 10 or more
Are you receiving TANF? Yes No If Yes, please provide the number _____
Do you have Medicaid? Yes No If Yes, please provide the number _____
Please provide the **ANNUAL** amount of household income. Proof of income must be provided. \$ _____

EMPLOYMENT INFORMATION

Please select **Unemployed, Employed, or Self-Employed** and answer the corresponding questions. This information is for internal use. We do not report your information to any outside agencies.

___ **UNEMPLOYED** How long? _____
Field of Interest: _____
What led to unemployment? _____



What type of employment opportunities are you seeking?

What employment training programs have you completed?

When? _____

In the last 3 month, what interviews have you completed? _____

Please explain where you are in your employment search?

EMPLOYED

Position: _____

Company: _____

Part-time

Full-time

SELF-EMPLOYED

Position: _____

CLOTHING INFORMATION

Women ONLY

Height: _____ Weight: _____

SIZES: Dress / Suit: _____ Pants / Skirt: _____ Blouse: _____ Shoes: _____

Men ONLY

Height: _____ Weight: _____

SIZES: Jacket _____ (Chest _____)

Trousers (Waist _____, Length _____)

Shirt (Neck _____)

Shoe: _____



WARDROBE PROFILE

In which areas do you feel you need advice? *(Check all that apply)*

- Color Analysis
- Body & Style Analysis
- Putting together an entire whole wardrobe
- Wardrobe/ Closet Organization
- Camouflaging certain body areas
- Confidence and Self-Esteem
- Business/Dining etiquette
- Other (please specify): _____

What do you hope to achieve from a consultation?

What do you want to achieve from an image update? *(Check all that apply)*

- A more professional image
- Greater confidence for personal satisfaction
- Want to look younger/slimmer
- How to put together wardrobe to save time
- Other (please specify): _____

Which of the following terms best describes your personal (fashion) style?

- Classic - Tailored, Understated
- Natural - Easy, Casual, Comfortable
- Dramatic - Bold, Creative, Colorful
- Romantic - Feminine, Soft, Flowing
- Alluring - Chic, Sexy, Edgy
- Elegant
- Sporty
- Others _____

What words would you use to describe your personality?

How would someone describe you in terms of your clothes?



What would you like your IMAGE to say about you?

What would you change about your current style?

What is/are your professional and/or personal goals?

REFERRAL AGENCY (TO BE COMPLETED BY COMMUNITY PARTNERS ONLY)

Agency Name: _____

Contact Person: _____

Office Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

OTHER INFORMATION

This information is CONFIDENTIAL and for internal purposes only.

Please list any known allergies:

Are you pregnant? Yes No

If YES, how many months? _____

Medications (Please list)

Medical History (please check) Alcohol Use _____ Drug Use _____ Diagnosis of HIV _____ AIDS _____ Mental Health _____

Cancer _____ Other: _____

If checked YES, please give diagnosis:

To provide you with maximum professional care, please list any other information we may need to know.



STATEMENT OF UNDERSTANDING

I, _____, understand the following:

- Kamileon's Kloset, Inc. is an appointment-only service.
- I agree to pay a **non-refundable** Program fee determined based upon proof of income.
- I must call if I will be more than 10 minutes late. At this time, Kamileon's Kloset will advise if I will still be seen. If I miss two appointments without notice, it will be Kamileon's Kloset discretion to re-schedule.
- A volunteer Consultant will give his / her time and expertise to help me select business appropriate clothing. I will be considerate of others who will need to try on clothing after me. I will come prepared to try on business clothes with the appropriate undergarments.
- I will NOT bring friends or children with me.
- My cell phone will be turned off upon entering Kamileon's Kloset.
- I will bring a Georgia photo ID to sign in for my appointment, along with proof of residence and income.

I understand that the services I am requesting will be performed by volunteer professionals. In consideration of these terms, I hereby release the salon, the owner(s), employees, other clients, as well as, Kamileon's Kloset, Inc. by Kamila, its employees/volunteers, representatives, agents, and service providers from any and all claims arising out of and in any way connected with the performance of the services provided. I fully understand that the services or chemical treatments, if necessary, are ordinarily harmless to normal hair and scalp, but may damage my hair or skin due to its present condition.

In view of this, I accept full responsibility for any possible damage that may result, directly or indirectly, from these services.

Print Name _____ Signature (on site) _____

OFFICE USE ONLY

Stylist: _____ Salon: _____

Women		Men	
Suits	Jacket	Suits	Shoes
Skirts	Slacks	Shirts	Coat
Coats	Shoes	Ties	Trousers
Blouse	Dress	Jacket	Brief Case
Purse	Accessories	Watch	Under Garment

ITEMS GIVEN:	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____



NOTES / I OWE YOU: