

Community members of:
Hmong, Khmu, Iu-Mien, Lao-Lue,
Lao Community Service Center,
Lao Women Association

United Communities of Laos

Please choose a pickup location for **August 29th** (write A, B, or C): _____

A Mien Evangelical Church 3505 S 140th St, Tukwila, WA 98168 10AM to 2PM	B Wat Lao Mixayaram 11815 59th Ave S, Seattle, WA 98178 2PM to 4PM	C Woodinville Alliance Church 13940 NE 166th St, Woodinville, WA 98072 4PM to 6PM
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Full Name: _____

Address: _____

City/Zip Code: _____

Phone #: _____ **Email address:** _____

Demographics:

Age: _____ **Gender:** Male Female Other: _____ Prefer not to answer

_____ # of people in the household (senior, children, adult)

To help us determine your eligibility and the level of support, please ask the following questions. This is just a guide to help us to determine the level of care your family needs.

Have you experienced any of the following difficulties as a result of COVID-19? **Please answer the questions below. If YES, please provide additional details under Explanation.**

- YES or NO Myself or someone I'm living with has symptoms of COVID-19
- YES or NO Difficulty in quarantine or self-isolation
- YES or NO Loss of job or other source of income
- YES or NO Difficulty affording rent or utilities
- YES or NO Difficulty affording groceries and other necessities (medicine, food, etc.)
- YES or NO Difficulty accessing a health provider or lack of insurance
- YES or NO Difficulty supporting my child's learning (for children attending online school)
- YES or NO Difficulty getting critical support or care for myself or someone in my family who is vulnerable (e.g., elder, person with disability, pregnant mom, childcare. Someone with underlying health conditions etc.)
- YES or NO Difficulty accessing information through technology (i.e. phone, WIFI, computer)
- YES or NO Experienced discrimination
- YES or NO Social isolation (i.e feeling loneliness from lack of interaction with others)
- YES or NO Increased stress, anxiety, depression, how has increased stress impacted you?

Explanation: _____

Name of Event: _____

Event date: _____

Volunteer Signature: _____