



OFFICE USE ONLY:
 Appt. Date _____
 Time _____
 Appt. Date _____
 Time _____
 Program Fee \$ _____

**PROFESSIONAL IMAGE TRANSFORMATION
 REFERRAL FORM (revised 06/20/2017)**

CLIENT INFORMATION

Date:
 First:
 Last:
 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 _____

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. \$ _____

CLOTHING INFORMATION

Women ONLY

Height: Weight: SIZES: Dress / Suit: Pants / Skirt: Blouse: Shoes:

Men ONLY

Height: Weight: SIZES: Jacket Trousers (Waist _____, Length _____) Shirt (Neck _____) Shoe:



REFERRAL AGENCY (TO BE COMPLETED BY COMMUNITY PARTNERS ONLY)

Agency Name:

Contact Person:

Office Phone:

Fax:

Email Address:

STATEMENT OF UNDERSTANDING

I, _____, understand the following:

- Kamileon Professional Development, Inc. (KPD) is an appointment-only service.
- **THIS IS A FEE-BASED SERVICE. If I am a Self-Referral, I am responsible for making payment at the time of service. My fee will be based upon a sliding scale according to the Federal Poverty Guidelines.**
- I must call if I will be more than 15 minutes late. I will be advised if I will still be seen. If I miss two appointments without notice, it will be at KPD's discretion to re-schedule.
- A 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 KPD.
- I will bring a Georgia photo ID to sign in for my appointment.

Print Name: _____

Signature (in person) _____

TO SUBMIT YOUR APPLICATION:

Complete and sign this form either digitally, or by printing and completing in blue or black ink and scanning a digital copy. Email the completed form to info@kpdinc.org. For questions or help submitting the form, please email us at info@kpdinc.org or call (770) 874-5852.