



1256 East 26<sup>th</sup> Street Brooklyn, NY 11210

Applications for:  
Monsey  
out-of-NYC locations

Mrs. R. Brandwein  
15 Yale Drive Monsey NY 10952  
Phone/Fax: (845)-425-0964

Dear Applicant,

Mazel tov upon the upcoming simcha! Thank you for your interest in Yad Batya L'Kallah. Yad Batya L' Kallah has been providing kallahs with household necessities *b'seser* for over twenty six years *l'illui nishmas* Batya Rachel (Zakheim) Brecher *a"h*.

This hachnasas kallah package consists of:

Package List:

2 pillows	toaster oven
2 quilts	food processor
2 sets of patterned linen- size full (48") or twin (39")	towels- (2 large bath, 2 small bath , 12 kitchen in assorted colors for meat and dairy)
Farberware pots	\$200 Gift Certificate to Saposh Lingerie (Brooklyn/Lakewood) or The Robe Gallery (Monsey)
Mikasa China - service for 8	
Corelle service for 8	
2 sets of flatware- service for 8	

Additionally, we coordinate with many other organizations which provide assistance with makeup on the day of the wedding, furnishings, sheva brachos clothing, etc. Approval from Yad Batya L' Kallah qualifies you to apply to other organizations with the same ID number. (Details will be provided once approved.)

Yad Batya assesses each request confidentially for eligibility. To facilitate this, please fill out the following form and return it by fax. Between the hours of 8:30 AM and 2PM you can fax directly to the number above. If this is not possible, you will need to call the number above first, to have the fax machine connected. You may also mail it to the address above. Please return the application as soon as possible (allowing two weeks for the application process). The more information provided, the faster the approval can come through. Feel free to include any additional information that is vital to this application. **Print clearly in dark ink in order that the information will be legible even through a fax machine.** Please be assured that all information remains completely confidential.

*Yad Batya L' Kallah*

**Yad Batya L'Kallah APPLICATION**

**PRINT CLEARLY** Date: \_\_\_\_\_

**KALLAH** Kallah's name: \_\_\_\_\_

Check if kallah's sibling has previously received YBLK assistance. Year: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

Kallah's Address (if different than family): \_\_\_\_\_

High School and/or seminary attended: \_\_\_\_\_

(Approximate) Year of graduation: \_\_\_\_\_

Shul Affiliation: \_\_\_\_\_ Rav: \_\_\_\_\_

Phone Number of Rav: ( \_\_\_\_\_ ) \_\_\_\_\_

Employed family members and their occupation:

Father- \_\_\_\_\_

Mother- \_\_\_\_\_

Kallah- \_\_\_\_\_

Additional info.(number of children in family, financial or medical issues, *chv"sh*, extenuating circumstances) \_\_\_\_\_

**References for family of Kallah:**

- A Rav (other than shul) familiar with the financial situation:

\_\_\_\_\_ # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Affiliation: \_\_\_\_\_

- Other references such as a principal, teacher or *askan/ gabbai tzedaka* familiar with the situation:

\_\_\_\_\_ # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Affiliation: \_\_\_\_\_

\_\_\_\_\_ # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Affiliation: \_\_\_\_\_

**CHOSSON** Chosson's name: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

Shul Affiliation: \_\_\_\_\_ Rav: \_\_\_\_\_

Employed family members and their occupation:

Father- \_\_\_\_\_

Mother- \_\_\_\_\_

Chosson- \_\_\_\_\_

Date of **Wedding**: \_\_\_\_\_

Hall: \_\_\_\_\_ City, state, country: \_\_\_\_\_

Where will the chosson and kallah be living? \_\_\_\_\_

Are you participating in the "CHASUNAH MALL"? Yes/No Which? \_\_\_\_\_

Are you receiving or applying for assistance for other g'mach? Please specify: \_\_\_\_\_

**Contact Person:** (This is the person responsible for the application, to be contacted for all other questions/ communication)

Name: \_\_\_\_\_ Relationship to Kallah: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Do not call past \_\_\_\_\_ am/pm

Email Adress: \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Call before faxing (Y/N) Do not fax past \_\_\_\_\_ am/pm

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**-----FOR OFFICE USE ONLY-----**

ID#: \_\_\_\_\_ APP FAX/ FWD: \_\_\_\_\_

Date: / /

DELIVERY INFO: date \_\_\_\_\_

Authorized: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Linen: \_\_\_\_\_ G.C. \_\_\_\_\_

**RETURN THIS APPLICATION BY FAX TO 845-425-0964**

