



Received
Date: _____

Client Application

Status _____

Children Receiving Diapers

Child #1 Name: _____
Last First

Child #2 Name: _____
Last First

Diaper Size: _____ Special Information: _____

Diaper Size: _____ Special Information: _____

Date of Birth: _____ Gender: _____ Race: _____

Date of Birth: _____ Gender: _____ Race: _____

Contact Information

Client Name: _____
Last First Middle Initial

Date of Birth: _____ Gender: _____ Race: _____

Address: _____
Street Address Apt. #/Unit

City _____ State _____ Zip Code _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Child lives with (Check all that apply): ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other relative/Guardian: _____

Family Information

How many people live daily in the household (include applicant)? Adults (18+) _____ Children (5 & under) _____ Children (over 5) _____

What is the employment status of the applicant: (Check all that apply):

☐ Full Time ☐ Part Time ☐ Self-Employed ☐ Unemployed Other: _____

Does the household receive any of the following? (Check all that apply):

☐ Child Support ☐ Alimony ☐ SSI ☐ SSDI ☐ TANF ☐ WIC ☐ SNAP ☐ Section 8 ☐ Energy Assistance

Is the child in daycare? _____ If yes, name of daycare provider _____ Phone: () _____

Parent/Guardian has Health Insurance? _____ Child has Health Insurance? _____ If yes, what type of insurance? ☐ Private ☐ Medicaid Other _____

Other Authorized Adults Who May Pickup Diapers On My Behalf

Adult #1 Name: _____
Last First Middle Initial

Adult #2 Name: _____
Last First Middle Initial

Over 18? _____ Primary Phone: () _____

Over 18? _____ Primary Phone: () _____

Relationship: _____ Email: _____

Relationship: _____ Email: _____

Client Signature: _____ Date: _____ Relationship to children: _____

Comments: _____

Client Application

Children Receiving Diapers (Additional)



Child #3 Name: _____
Last First

Diaper Size: _____ Special Information: _____

Date of Birth: _____ Gender: _____ Race: _____

Child #4 Name: _____
Last First

Diaper Size: _____ Special Information: _____

Date of Birth: _____ Gender: _____ Race: _____

Child #5 Name: _____
Last First

Diaper Size: _____ Special Information: _____

Date of Birth: _____ Gender: _____ Race: _____

Child #6 Name: _____
Last First

Diaper Size: _____ Special Information: _____

Date of Birth: _____ Gender: _____ Race: _____

Application Certification



I certify that the information given on this application is accurate to the best of my knowledge. I certify that the diapers I receive will be solely for the use of the children named above. The information is being requested to help us request grants for funding, distribution sites, and for coordinating with agencies and organizations to best serve the diaper bank. This information is protected from other disclosure and will only be used for that purpose.

Client Signature: _____ Date: _____ Relationship to child: _____

Staff Verification



Staff Signature: _____ Date: _____

ID Verified: _____ Agency Use: _____



Stamp



CLIENT APP



PARTNER APP

Organization Name

Items Picked Up

NB _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Adults _____

2T - 3T _____ 3T - 4T _____ 4T - 5T _____ Pullups _____ Swimmers _____ Baby Wipes _____