



Client Application

the diaper bank

change from the bottom up

Please Answer All Questions

Child Receiving Diapers

Incomplete Applications Will Not Be Accepted

Child's

Name:

Last

First

Middle Initial

Address:

Street Address

Apt. #/Unit #

City

State

Zip Code

Date of Birth:

Race: African American / White / Asian / Hispanic / Native American /Other

Date of Application:

Diaper Size:

Gender: Male / Female

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

Family Information

How many people in the household? Adults (18+) _____

Children (5 & under) _____

Children (over 5) _____

What is the monthly income for your household:

Lower Than \$1920 per month _____

Lower Than \$2520 per month _____

Lower Than \$3840 per month _____

Does the child attend childcare? Yes/No

If yes, what is the name of childcare provider _____

Parent/Guardian has Health Insurance? Yes/No

Child has Health Insurance? Yes/No

If yes, what type of insurance? Private ___ Husky ___ Other ___

Name 2 Adults who can Pick up Diapers for this Child

Full

Name:

Last

First

Middle Initial

Primary

Phone:

() _____

Alternate Phone: () _____

Relationship to child: _____

Full

Name:

Last

First

Middle Initial

Primary

Phone:

() _____

Alternate Phone: () _____

Relationship to child: _____

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 child named above

Client Signature: _____

Date: _____

Relationship to child: _____

Staff Signature: _____

Date: _____

Agency: _____

Please note that all information collected is solely for the use of The Diaper Bank and will not be shared or disclosed to any outside person/s.