

New London Youth Affairs
Diaper Bank Intake Form

Today's Date: _____

Please complete as accurately as possible and fill out completely. This information is used for Diaper Bank info only and grant reporting, and your information is not shared. Thank you.

1. Parent/Legal Guardian Name: _____ D.O.B. _____
2. What is your relationship to the child you are applying for diapers? _____
3. Name of Child: _____ Date of Birth _____ M/F _____
4. Size (s) of diapers and/or pull ups requested: _____
5. Name of Child: _____ Date of Birth _____ M/F _____
6. Size (s) of diapers and/or pull ups requested: _____
7. How many people are living in your household? _____
8. List household members not written above:
9.

<u>Name</u>	<u>D.O.B.</u>	<u>M/F</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
10. Race: _____
11. Ethnicity: Is parent Hispanic - Yes/No
12. Single Parent: Yes/No
13. Your approximate combined monthly income: \$ _____
14. Your address: _____
15. Your email address: _____
16. Your phone number: _____

Is your household receiving any of the following?

Medicaid/Husky	Yes/No
TFA/Cash Assistance	Yes/No
Child Care Assistance (ex: School Readiness, Care 4 Kids)	Yes/No
SNAP	Yes/No
WIC	Yes/No
Housing or Rental Assistance	Yes/No
Other (not listed)	Yes/No

Diaper Bank Participant Form Date entered _____

Dates Diapers Given: _____