

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 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. Name _____ D.O.B. _____ M/F _____

9. Your approximate combined monthly income: \$ _____
10. Your address: _____
11. Your email address: _____
12. 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
Not Applicable (N/A)	Yes/No

Diaper Bank Participant Form Date entered _____

Dates Diapers Given: _____
