



Client Application
Child Receiving Diapers

Child's Name: _____

_____ Last First Middle Initial

Address: _____

_____ Street Address Apt. #/Unit #

Home Phone : (_____) _____ City State Zip Code
Alternate Phone: (_____) _____

Date of Birth: _____ Race: African American / White / Asian / Hispanic / Native American / Other
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 household? Adults (18+) _____ Children (5 & under) _____ Children (over 5) _____

What is/are the source/s of income for your household (Circle all that apply):

Full Time Work P Part-time Work Child Support Unemployment Heating Assistance Alimony

TANF WIC Care 4 Kids SNAP/Food Stamps Housing/Sec. 8 SSI SSDI

Is the child in daycare? Yes/No If yes, name of daycare 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: _____

Full Name: _____
Last First Middle Initial

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Relationship: _____

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