Agency Client Application

Sweet Cheeks
DIAPER ♥ BANK
CHANGING THE BOTTOM LINE FOR FAMILIES IN NEED

Agency Name or Stamp
_____

Child #1 Information

	First Name	Last Name
Child #1	_____	_____
Parent/ Guardian	_____	_____

Parent/Guardian Zip Code _____

To be completed by Agency (if applicable)	
Agency Parent/Guardian ID	_____
Agency Child ID	_____

Child Date of Birth ____ / ____ / ____
(month/day/year)

Parent/Guardian County _____

Parent/Guardian Phone Number _____

Child Gender ☐ Male or ☐ Female

Child lives with (check all that apply) ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other Parent/Relative

Child Race (check all that apply)
☐ Black/African American ☐ White/Caucasian ☐ Native Pacific/Other Native Island ☐ Other
☐ Hispanic/Latino ☐ Asian ☐ American Indian

Family Information

How many people live in the home? ____ Adults (18+) ____ Children (5 to 17) ____ Children (under 5)

Source of Income (check all that apply)
☐ SSI ☐ SNAP/Food Stamps ☐ TANF ☐ WIC
☐ Housing / subsidized ☐ Housing / unsubsidized

Is the parent/guardian employed? ☐ Yes or ☐ No   If yes: ☐ FT ☐ PT   Monthly take home pay? _____

PARENT health insurance ☐ Private Insurance ☐ Medicaid ☐ Uninsured

CHILD Health Insurance ☐ Private Insurance ☐ Medicaid ☐ Uninsured

Diaper Sizing Information

NB = (newborn-up to 10 lbs) **S1** =small (size 1-up to 13 lbs) **M2** =medium (size 2-12 to 18 lbs)
M3 =medium (size 3-16 to 25 lbs) **L4** =large (size 4-22 to 37 lbs) **XL5** =extra large (size 5 -27+ lbs)
XL6 =extra large (size 6 -36+ lbs) **P2** =pull-up 2T/3T **P3** =pull-up 3T/4T **P4** =pull-up 4T/5T

Type of Request ☐ One time Distribution or ☐ Ongoing Distribution

Distribution – Check Size Distributed
☐ NB=Newborn ☐ S1=Small ☐ M2=Med (Size 2) ☐ M3=Med (Size 3)
☐ L4=Large ☐ XL5=Xtra Large (Size 5) ☐ XL6=Xtra Large (Size 6)

Quantity Distributed _____
☐ P2=Pull-up 2T/3T ☐ P3=Pull-up 3T/4T ☐ P4=Pull-up 4T/5T ☐ ND=Not Distributed

Ordering – Check Size Requested
☐ NB=Newborn ☐ S1=Small ☐ M2=Med (Size 2) ☐ M3=Med (Size 3)
☐ L4=Large ☐ XL5=Xtra Large (Size 5) ☐ XL6=Xtra Large (Size 6)

Quantity Requested _____
☐ P2=Pull-up 2T/3T ☐ P3=Pull-up 3T/4T ☐ P4=Pull-up 4T/5T ☐ NR=Not Requested

ACCEPTANCE OF SERVICE TERMS AND CERTIFICATION:

By signing this application, I am certifying the information on this application is correct to the best of my knowledge, and I understand the following:
1. *Sweet Cheeks Diaper Bank requires that this agency collects data to prevent duplication of services and for use for grant writing purposes.*
2. *The Sweet Cheeks Diaper Bank program will distribute diapers to children up to their 4th birthday.*
3. *I will use these diapers ONLY for the child(ren) listed on the application, and I MAY NOT SELL, TRADE, OR GIVE AWAY THESE DIAPERS.*
4. *I may only receive 50 diapers or 30 training pants per child per month from any Sweet Cheeks Diaper Bank agency.*
5. *If I get diapers from Sweet Cheeks Diaper Bank because of a short-term emergency, I can receive emergency diapers for up to two months unless I get case management or other services from the agency or the agency refers me to another agency to receive similar services.*
6. *If I deliberately try to get more than the monthly limit of diapers, try to get diapers from more than one Sweet Cheeks Diaper Bank agency in any given month, or violate #3 above, my child(ren) may be removed from the program.*
7. *The recipient agency will defend, indemnify and hold Sweet Cheeks Diaper Bank and the partner agency from which they are recieving the diapers, their affiliated agencies, officers, directors, contractors, agents, and employees harmless from any and all liability, loss, damages or expenses from all claims, demands, and actions (including but not limited to reasonable attorney's fees) out of or in connection with the use, handling, and distribution of these diapers*

Parent/Guardian Name _____ (Printed) Relationship to Child _____

Parent /Guardian Signature _____ (Sign) Date _____

Child #2 Information

First Name   **Last Name**   **Child Gender** ☐ Male or ☐ Female

Child #2 _____   _____

Child Date of Birth ____ / ____ / ____ (month/day/year)

Child Race (check all that apply)
☐ Black/African American   ☐ White/Caucasian   ☐ Native Pacific/Other Native Island   ☐ Other
☐ Hispanic/Latino   ☐ Asian   ☐ American Indian

Diaper Sizing Information

Type of Request ☐ One time Distribution or ☐ Ongoing Distribution

Distribution – Check Size Distributed
☐ **NB**=Newborn ☐ **S1**=Small ☐ **M2**=Med (Size 2) ☐ **M3**=Med (Size 3)
☐ **L4**=Large ☐ **XL5**=Xtra Large (Size 5) ☐ **XL6**=Xtra Large (Size 6)

Quantity Distributed _____
☐ **P2**=Pull-up 2T/3T ☐ **P3**=Pull-up 3T/4T ☐ **P4**=Pull-up 4T/5T ☐ **ND**=Not Distributed

Ordering – Check Size Requested
☐ **NB**=Newborn ☐ **S1**=Small ☐ **M2**=Med (Size 2) ☐ **M3**=Med (Size 3)
☐ **L4**=Large ☐ **XL5**=Xtra Large (Size 5) ☐ **XL6**=Xtra Large (Size 6)

Quantity Requested _____
☐ **P2**=Pull-up 2T/3T ☐ **P3**=Pull-up 3T/4T ☐ **P4**=Pull-up 4T/5T ☐ **NR**=Not Requested

Parent/Guardian Name _____ (Printed)   Relationship to Child _____

Parent /Guardian Signature _____ (Sign)   Date _____

Child #3 Information

First Name   **Last Name**   **Child Gender** ☐ Male or ☐ Female

Child #2 _____   _____

Child Date of Birth ____ / ____ / ____ (month/day/year)

Child Race (check all that apply)
☐ Black/African American   ☐ White/Caucasian   ☐ Native Pacific/Other Native Island   ☐ Other
☐ Hispanic/Latino   ☐ Asian   ☐ American Indian

Diaper Sizing Information

Type of Request ☐ One time Distribution or ☐ Ongoing Distribution

Distribution – Check Size Distributed
☐ **NB**=Newborn ☐ **S1**=Small ☐ **M2**=Med (Size 2) ☐ **M3**=Med (Size 3)
☐ **L4**=Large ☐ **XL5**=Xtra Large (Size 5) ☐ **XL6**=Xtra Large (Size 6)

Quantity Distributed _____
☐ **P2**=Pull-up 2T/3T ☐ **P3**=Pull-up 3T/4T ☐ **P4**=Pull-up 4T/5T ☐ **ND**=Not Distributed

Ordering – Check Size Requested
☐ **NB**=Newborn ☐ **S1**=Small ☐ **M2**=Med (Size 2) ☐ **M3**=Med (Size 3)
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Quantity Requested _____
☐ **P2**=Pull-up 2T/3T ☐ **P3**=Pull-up 3T/4T ☐ **P4**=Pull-up 4T/5T ☐ **NR**=Not Requested

Parent/Guardian Name _____ (Printed)   Relationship to Child _____

Parent /Guardian Signature _____ (Sign)   Date _____

Child #4 Information

First Name   **Last Name**   **Child Gender** ☐ Male or ☐ Female

Child #2 _____   _____

Child Date of Birth ____ / ____ / ____ (month/day/year)

Child Race (check all that apply)
☐ Black/African American   ☐ White/Caucasian   ☐ Native Pacific/Other Native Island   ☐ Other
☐ Hispanic/Latino   ☐ Asian   ☐ American Indian

Diaper Sizing Information

Type of Request ☐ One time Distribution or ☐ Ongoing Distribution

Distribution – Check Size Distributed
☐ **NB**=Newborn ☐ **S1**=Small ☐ **M2**=Med (Size 2) ☐ **M3**=Med (Size 3)
☐ **L4**=Large ☐ **XL5**=Xtra Large (Size 5) ☐ **XL6**=Xtra Large (Size 6)

Quantity Distributed _____
☐ **P2**=Pull-up 2T/3T ☐ **P3**=Pull-up 3T/4T ☐ **P4**=Pull-up 4T/5T ☐ **ND**=Not Distributed

Ordering – Check Size Requested
☐ **NB**=Newborn ☐ **S1**=Small ☐ **M2**=Med (Size 2) ☐ **M3**=Med (Size 3)
☐ **L4**=Large ☐ **XL5**=Xtra Large (Size 5) ☐ **XL6**=Xtra Large (Size 6)

Quantity Requested _____
☐ **P2**=Pull-up 2T/3T ☐ **P3**=Pull-up 3T/4T ☐ **P4**=Pull-up 4T/5T ☐ **NR**=Not Requested

Parent/Guardian Name _____ (Printed)   Relationship to Child _____

Parent /Guardian Signature _____ (Sign)   Date _____