



# Agency Client Application

Agency Name or Stamp \_\_\_\_\_

## Child Information

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child \_\_\_\_\_

Parent/Guardian Zip Code \_\_\_\_\_

Child Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month/day/year)

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)  Full time work  Part time work  Unemployment  
 Child Support  Alimony  Disability  
 TANF  SSI/SSID  SNAP/Food Stamps  
 WIC  GAPS  Housing / Section 8  
 Cares 4 Kids  Heating Assistance  Other

Is the child in daycare?  Yes or  No If Yes, name of provider \_\_\_\_\_

Does parent/guardian have health insurance?  Yes or  No

Does child have health insurance?  Yes or  No If Yes, name of provider \_\_\_\_\_

## Diaper Distribution Information

**S** = small (size 1-up to 13 lbs) **L** = large (size 4/5-22 to 37 lbs) **P** = pull-up  
**M** = medium (size 2/3-11 to 26 lbs) **XL** = extra large (size 6-37+ lbs)

Type of Request  One time Distribution or  On-going Distribution

Distribution – Check Size Distributed  S=Small  M=Medium  L=Large  XL=Xtra Large  P=Pull-up

Distribution – Quantity Distributed \_\_\_\_\_

Ordering – Check Size Requested  S=Small  M=Medium  L=Large  XL=Xtra Large  P=Pull-up

Ordering – Check Quantity Requested \_\_\_\_\_

I certify that the information given on this application is accurate to the best of my knowledge, and that I understand why the above information needs to be documented by this agency. I certify that all diapers I receive will be solely for the use of the child above. I understand that the information on this form is required documentation for this agency and will be used by Happy Bottoms for grant writing purposes.

Parent/Guardian Name \_\_\_\_\_ (Printed) Relationship to Child \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ (Sign) Date \_\_\_\_\_