

Connecticut



Partnership for Children, Inc.

CT Partnership for Children, Inc. Diaper Bank Application

(updated 06/04/2021)

Date: _____ Method of Referral: _____ Current Diaper Size: _____

NAUGATUCK Residents ONLY: Are you interested in our School-based Food Pantry? YES / NO
If YES- Does anyone in your family have any medical/ religious dietary restrictions? YES / NO
If YES- please explain: _____

General Information

How many people in the 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 Part-time Work Child Support Unemployment Heating Assistance Alimony TANF WIC
Care 4 Kids SNAP/Food Stamps Housing/Sec. 8 SSI SSDI

What is the total monthly income for your household: \$ _____

Does the child attend childcare? Yes / No If yes, what is the name/location of provider _____

Parent/Guardian Health Insurance? Yes / No If yes, what type of insurance? Private ___ Husky ___ Other ___

Child Health Insurance? Yes / No If yes, what type of insurance? Private ___ Husky ___ Other ___

Mother/ Primary Guardian's Information

Name: _____ Relationship to Child: _____

Date of Birth: _____ Phone #: _____

Address: _____ APT# _____

TOWN: _____ ZIPCODE: _____

E-mail address: _____ Marital Status: _____

Race: _____ Circle one: Hispanic / Non Hispanic

Received a HS diploma or GED? YES / NO Employed full-time or part-time? YES / NO

Father/ Secondary Guardian's Information

Name: _____ Relationship to Child: _____

Date of Birth: _____ Phone #: _____

Address: _____

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E-mail address: _____ Marital Status: _____

Race: _____ Circle one: Hispanic / Non Hispanic

Received a HS diploma or GED? YES / NO

Employed full-time or part-time? YES / NO

Child(ren) Receiving Diaper Services

Name: _____ Lives with: _____
 Gender : FEMALE / MALE _____ Date of Birth: _____ Gestational age at birth: _____ weeks
 Attend daycare/school program? YES NO _____ If yes, name of school/program: _____
 Race: _____ Ethnicity: Hispanic / Non Hispanic
 Current Diaper size: _____ Any known allergies: _____
 Formula Fed? YES NO _____ If yes, what type of formula? _____

Name: _____ Lives with: _____
 Gender : FEMALE / MALE _____ Date of Birth: _____ Gestational age at birth: _____ weeks
 Attend daycare/school program? YES NO _____ If yes, name of school/program: _____
 Race: _____ Ethnicity: Hispanic / Non Hispanic
 Current Diaper size: _____ Any known allergies: _____
 Formula Fed? YES NO _____ If yes, what type of formula? _____

All Other Children:

Name: _____ Lives with: _____
 Gender: FEMALE / MALE _____ School/Grade level: _____
 Date of Birth: _____ Race: _____ Circle one: Hispanic / Non Hispanic

Name: _____ Lives with: _____
 Gender: FEMALE / MALE _____ School/Grade level: _____
 Date of Birth: _____ Race: _____ Circle one: Hispanic / Non Hispanic

Name: _____ Lives with: _____
 Gender: FEMALE / MALE _____ School/Grade level: _____
 Date of Birth: _____ Race: _____ Circle one: Hispanic / Non Hispanic

Name: _____ Lives with: _____
 Gender: FEMALE / MALE _____ School/Grade level: _____
 Date of Birth: _____ Race: _____ Circle one: Hispanic / Non Hispanic

Name: _____ Lives with: _____
 Gender: FEMALE / MALE _____ School/Grade level: _____
 Date of Birth: _____ Race: _____ Circle one: Hispanic / Non Hispanic

Other Adults With Permission To Pick up Diapers:

Name: _____ Relationship to Child: _____

Phone #: _____

Name: _____ Relationship to Child: _____

Phone #: _____

Communication Consent Form:

I, _____, give the staff of Connecticut Partnership for Children, Inc. consent to contact me by **text message** to schedule diaper pick ups

In the case text message is unavailable, I would prefer the staff of Connecticut Partnership for Children, inc to contact me to schedule a pick up by (please circle one) : PHONE CALL EMAIL

I, _____, hereby acknowledge that I understand it is my responsibility to get any items donated to me by Connecticut Partnership for Children, Inc. checked completely for safety.

I understand that Connecticut Partnership for Children, Inc. acting as the pass through agency cannot guarantee the condition of the donated items.

I understand by signing this form and accepting the items that it is my responsibility to ensure the safety of the items donated by Connecticut Partnership for Children, Inc.

I agree that Connecticut Partnership for Children, Inc is not liable for any products that are donated to me.

I agree to not sell, trade, or barter any items given to me by Connecticut Partnership for Children, inc. When items are no longer needed, I will donate them.

*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. **Please note that all information collected is solely for the use of The Partnership's Diaper Bank and will not be shared or disclosed to any outside person/s.***

Client Signature: _____ Date: _____

**All completed applications must be mailed to CTPFC 98 Olive St, Naugatuck CT 06770
or scanned and emailed to info@ctpfc.org
Once we receive the completed application, we will contact you via the phone number
provided.**

**If you have any questions or concerns regarding this application, please contact Case
Manager Tara Hoffman at (203)632-7369**

