

# HOUSEHOLD INFORMATION FORM

Loving Bottoms Diaper Bank

FAMILY CAREGIVER INFORMATION	
<b>Name</b> <i>(Last, First, M.I.):</i> <span style="float: right;"><input type="checkbox"/> M <input type="checkbox"/> F</span>	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Unknown
<b>County &amp; Zip Code:</b>	<b>Disabled:</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Family Status:</b> <input type="checkbox"/> Single Caregiver <input type="checkbox"/> More than One Caregiver <input type="checkbox"/> Unknown	<b>Military Family?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Other Sources of Income:</b> <input type="checkbox"/> SSI <input type="checkbox"/> SNAP/Food stamps <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> HUD <input type="checkbox"/> Section 8 (check all that apply)	
<b>Housing Status:</b> <input type="checkbox"/> Rent/Own Home <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown	
<b>Number of Babies Receiving Diapers:</b>	<b>What is the primary race/ethnicity of the child(ren) receiving diapers?</b> <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-racial
<b>Number of Person(s) Receiving Period Kits:</b>	<b>What is the primary race/ethnicity of the person(s) receiving diapers?</b> <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-racial
<b>Number of Person(s) Receiving Incontinence Supplies:</b>	<b>What is the primary race/ethnicity of the person(s) receiving diapers?</b> <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-racial
<b>Comments:</b>   	

I certify that the information given on this application is accurate to the best of my knowledge. I certify that the products I receive will be solely for the use of the individual/children named included in this application. The information is being requested to help Loving Bottoms Diaper Bank request grants and funding and for coordinating with partner agencies. This information is protected from other disclosure and will only be used for that purpose.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**INDIVIDUAL #1 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:****INDIVIDUAL #2 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:****INDIVIDUAL #3 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:****INDIVIDUAL #4 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:****INDIVIDUAL #5 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:**

**INDIVIDUAL #6 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:****INDIVIDUAL #7 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:****INDIVIDUAL #8 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:****INDIVIDUAL #9 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:****INDIVIDUAL #10 INFORMATION****Name** (*Last, First, M.I.*): M  F**DOB:****Race:**  African American  White  Hispanic  Asian American  Native American  Pacific Islander  Multi-racial  Other: \_\_\_\_\_**Item Needed:**  Diapers  Period Supplies  Incontinence Supplies**Size Needed:**



