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| Cloth Diaper Bank Application |  |

## Parent/Guardian Contact Information

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| --- | --- |
| Name: |  |
| Street Address: |  |
| City ST ZIP Code: |  |
| Home Phone: |  |
| Work Phone: |  |
| E-Mail Address: |  |

## Information for the Child Receiving Diapers

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Current weight: |  |
| Has the child used cloth previously? |  |
| If pregnant, Due Date: |  |
|  |  |

## Family Information

### Is your family currently enrolled on any of the following government or private assistance programs?

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| WIC |
| TANF |
| SoonerCare/Medicaid |
| Childcare Assistance |
| Housing Assistance (Section 8, etc) |
| Disability or SSI |
| Other (describe) |
|  |

## Program Impact

### Please write a brief paragraph explaining what the involvement in the program would mean to you and your family and how it would make an impact in your current household.

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## Cloth Diaper Experience

### Please summarize your previous cloth diaper experience and or what type of help you would need to be successful.

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## Program Assistance

Would you be willing to share your story with others so as to help promote Green Bambino’s Cloth Diaper Bank?  Names will be excluded. Stories may be shared on the our website, social media, or during general outreach to help increase program awareness.

Yes

No

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in this application are true and complete. I understand that if I am accepted as a participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal of the program.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |