

## Diaper Distribution Acknowledgement

### Fostering Hope

To help keep the diaper quantities at a level that allows us to meet the needs of as many children and adults of the community as possible, we provide diapers to supplement the family supply. Diapers that you receive are to be used for the hygiene of your family member.

- 1 package per child or adult in diapers
  - (50 diapers for sizes NB-2; 25 diapers for sizes 3-6; 20 for adults and pull-ups, when available)
- 1 package of newborn diapers may be provided to women who are 1 month or less from the due date

Thank you for respecting our mission to provide supplemental diapers to you for the child/children or adult you are caring for.

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### Diaper Distribution Policy Acknowledgement

I have read, received and acknowledge understanding of the Diaper Distribution Policy. I agree to follow these rules. I understand that abusing the policy may result in being denied further diaper assistance.

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



# Diaper Distribution



Client Name: \_\_\_\_\_

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

## Diapers Received

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Diaper Size (Check **ONLY** one):

Premie  NB  1  2  3  4  
 5  6  2T-3T  3T-4T  4T-5T

Admin Only: Please Circle One  
FHC or DBO

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Diaper Size (Check **ONLY** one):

Premie  NB  1  2  3  4  
 5  6  2T-3T  3T-4T  4T-5T

Admin Only: Please Circle One  
FHC or DBO

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Diaper Size (Check **ONLY** one):

Premie  NB  1  2  3  4  
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Admin Only: Please Circle One  
FHC or DBO

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Diaper Size (Check **ONLY** one):

Premie  NB  1  2  3  4  
 5  6  2T-3T  3T-4T  4T-5T

Admin Only: Please Circle One  
FHC or DBO

Today's Date: \_\_\_\_\_ Agency you are receiving from: \_\_\_\_\_

Number of Children in Diapers: \_\_\_\_\_ Working adults in home (circle one): 0 1 2+

Your job status: \_\_\_\_\_ part time \_\_\_\_\_ full time \_\_\_\_\_ unemployed

Ages of children (circle all that apply): 0-1/ 2-3/ 4-5/ 6+ Your age range: 13-25/26-35/36-45/46+

Ethnicity: \_\_\_\_\_ County: \_\_\_\_\_

Receiving: \_\_\_\_\_ WIC \_\_\_\_\_ SNAP \_\_\_\_\_ TANF \_\_\_\_\_ Medicaid Other: \_\_\_\_\_

About how often do you get diapers from a Diaper Bank of the Ozarks partner agency?

\_\_\_\_\_ a few times a month \_\_\_\_\_ once a month \_\_\_\_\_ every few months \_\_\_\_\_ a few times a year

How long have you been getting diapers from a Diaper Bank of the Ozarks agency?

\_\_\_\_\_ first time \_\_\_\_\_ a month or so \_\_\_\_\_ several months \_\_\_\_\_ about a year \_\_\_\_\_ a few years

Receiving these diapers for my child/children allows me to (check all that apply):

\_\_\_\_\_ take my child to day care \_\_\_\_\_ reduce stress \_\_\_\_\_ go to work \_\_\_\_\_ buy food \_\_\_\_\_ pay a bill

\_\_\_\_\_ look for work \_\_\_\_\_ go to school or job training \_\_\_\_\_ buy non-food like toothpaste/soap

\_\_\_\_\_ save money for: \_\_\_\_\_ other: \_\_\_\_\_

Having more diapers helps my child/children (check all that apply):

\_\_\_\_\_ has less diaper rashes \_\_\_\_\_ cries less \_\_\_\_\_ sleeps better

\_\_\_\_\_ Other: \_\_\_\_\_

I am interested in learning about cloth diapers \_\_\_\_\_ my first name is \_\_\_\_\_

Please contact me at \_\_\_\_\_ email address

or \_\_\_\_\_ phone number.