

**2023 DIAPER BANK PROGRAM
FAMILY INFORMATION FORM**

Community Partner/Agency: _____

Name of Applicant: _____

County of Residence: _____

INFORMATION FOR CHILDREN 36 Months & Younger				For Office Use Only SUPPLIES RECEIVED		
Childs First Name	Date of Birth	Current Age	Diaper Size	Diapers	Wipes	Ointment

CERTIFICATION (REQUIRED)

I declare under penalties of perjury that the foregoing representations of the income for my household are true, correct, accurate, and complete in all respects. I understand that providing false, incomplete, or inaccurate information on application forms may result in termination of participation in the program and possible criminal liability.

Applicant Signature _____ Date _____

Please indicate below which program applies to your household (check all that apply):

- Current recipient (within past 12 months) of any of the following:
 - Food Assistance Program/Supplemental Nutrition Assistance Program (SNAP)
 - Family Independence Program
 - State Emergency Relief
 - Weatherization
 - Community Services Block Grant Assistance
 - Low- Income Household Assistance Program (LIHAP)
 - Supplemental Security Income (SSI)
- At or below 200% Federal Poverty Level (FPL)
- Current enrollment in other program not listed above with an income eligibility requirement at/below 200% of FPL – Program Name: _____

Completed forms must be submitted monthly to the lead Community Action Agency administering the funding.