

COVERD

GREATER CINCINNATI



Partner Agency Manual 2022

What's changed this year?

Look for Morty to help you find changes:





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What We're About

Mission Statement

We restore dignity and health to people in need by partnering with local social service agencies to distribute free basic hygiene products.

Vision

We want every person in our community to feel happy, clean and safe, because they can manage their health with dignity.

Values

Advocacy	We compassionately end diaper, period and incontinence needs through education.
Engagement	We partner with local agencies to connect families to the resources they need.
Inclusion	We bridge gaps between communities and resources.
Innovation	We infuse fun into creatively diminishing the diaper, period and incontinence gap.
Respect	We treat everyone with the same care we give our families.

Purpose and History of COVERD

Each of COVERD Greater Cincinnati's three programs focuses on a specific problem low-income individuals and families are experiencing in Greater Cincinnati: Sweet Cheeks Diaper Bank, Tidal Babe Period Bank and Fly & Dry Basic Needs Bank.

We Began as Sweet Cheeks Diaper Bank (SCDB) in 2015

Founded by native Cincinnati Megan Fischer, the idea of SCDB began when Megan was pregnant with her second child in 2014. Megan learned that diapers were not covered by any social services programs. When unable to purchase enough diapers for their child, parents might use one diaper for days at a time, scrape out and reuse disposable diapers, or use items such as a plastic bag. As a parent, Megan could not imagine what it would feel like to not be able to provide such a basic necessity for your child. Unable to find a local diaper bank where she could donate her time, Megan began to envision creating an organization to ensure that every baby in the city she loves had enough clean diapers. SCDB became a reality in 2015 and it has been rapidly growing ever since. SCDB distributed over two million diapers in 2020. The mission of SCDB is to partner with local social service agencies to provide free diapers to low-income families while raising awareness of the basic need for diapers. *The vision of SCDB is to eliminate the existence of diaper need in our community so that all babies have a chance to be happy, healthy and safe.*

From Diaper Need to Period Poverty: Creating Tidal Babe Period Bank in 2018

Through our growing partnerships with social service agencies distributing donated diapers from Sweet Cheeks Diaper Bank, we learned of period poverty. Partners reported an urgent need for period supplies for low-income menstruators. Our hearts broke when we heard stories of menstruators not going to school or work while on their period due to the lack of these basic supplies. We realized the problems don't go away when people in poverty grow up—they might just look different. They're often not able to attend school or work, putting them behind on homework and bills. The cycle of poverty we recognized with diaper need was also occurring for menstruators of all ages due to lack of income. We knew we had to do something. In December of 2018, Tidal Babe Period Bank became a new program of Sweet Cheeks Diaper Bank. We immediately began distributing period supplies through our existing distribution channels and are currently working to serve 1,500 menstruators in need every single month.

So, what is COVERD?

In 2019 we realized the need for a "parent company" to house our growing programs and help keep them separate but complementary. Creating COVERD Greater Cincinnati was the solution to that need, and our 501(c)(3) designation moved over to COVERD late that year. Now, our programs (with their beloved names and mascots and branding) are all owned and trademarked by COVERD, which stays behind the scenes to let our program names and branding shine.

Our Latest Pilot Program: Fly & Dry

Our most recent program, Fly & Dry Basic Needs Bank, is currently a pilot program. Launched in 2020, the program's current focus is primarily incontinence products for adults, and is being trialed exclusively in partnership with Meals on Wheels in the Greater Cincinnati area.

Policies and Procedures

Partner Agency Application

To become a partner agency with Sweet Cheeks, Tidal Babe and/or Fly & Dry, each agency must complete an online application found on our website, www.sweetcheeksdiaperbank.org. If the application is not available, contact us to express interest.

1. The application must be completed in full and be accompanied by proof of the agency's 501(c)(3) status, religious organization in good standing, or proof as another governmental agency providing services to those in need.
2. A completed application is not a guarantee that your agency will be able to be an active partner; it will place you on our waitlist and approval from the waitlist is determined by a number of criteria.
3. The application must include the name, phone number and email address of at least two people who will be responsible for the partnerships. Typically, the Program Manager and Executive Director are listed as the contacts.

Orientation

Once you have been selected as a new partner agency, you will schedule an orientation session to meet staff from COVERD, learn the requirements and benefits of partnership, and discuss the ordering and distribution procedures.

At the orientation meeting, please ensure that the Program Manager and any other people who will assist with record-keeping, diaper storage, and diaper distribution are present. It is encouraged but not required that the Executive Director attend the meeting.

You will then complete the annual Partner Agency Agreement within Neon, our online database (a non-electronic copy of this can be found in [Appendix D](#)). Instructions for creating your account are in [Appendix F](#) and instructions for filling out the Agreement are in [Appendix D](#). After we process your application, you'll have 120 days to provide payment. Requests for payment will come through QuickBooks.

Distribution- What do our partners do with COVERD products?

Products from COVERD programs are to be used as a part of a broader effort by the recipient agency to assist those in need. The recipient agency needs to be distributing products directly to individuals as a part of their program, enabling those individuals or families to move toward long-term self-sufficiency.

Partner agencies are not allowed to distribute COVERD products to other organizations.

Client Surveys

We ask that surveys be completed 1) the first time someone receives our products from you, then 2) twice annually with each recipient, by completing the survey with each person who picks up COVERD products from you during two months per year. COVERD will prompt all partners via the [partner updates page](#) 2x/ year (May and November) to survey everyone that month.

Please bring the completed surveys with you to your pick-up each month.

COVERD uses the anonymous survey data and comments from clients to help quantify how the products are helping and affecting people's lives. At the end of the year, COVERD will finalize the data and provide your agency a summary report of how the products affected your clients, in their own words.

Blank client surveys are available in [Appendix A](#).

Annual Reporting- for On-Going Funding and the National Diaper Bank Network

Partner agencies are expected to begin tracking the data for your annual report your first year as a partner. You are required to complete the annual report before you are able to renew your partnership for another year.

We provide a tracking document to help you compile the information we need. The spreadsheet is available separately. We recommend using this spreadsheet so you have the information available when you complete your report. Columns A-D are for you only. They do not have to be used if you wish to protect client identities, but you'll want some kind of unique identifier so you know how many unique families/children have been served each year. What you will ultimately share with us are overall numbers per category and any compelling stories you have. If you have any questions, please don't hesitate to reach out.

Ordering

Quantities to Order

When your agency signed on as a partner with COVERD, a Tier Level was chosen by your agency based on the estimated number of persons you would serve on a monthly basis.

- Partners need to make sure they operate within the Tier Level(s) selected, not exceeding the monthly order limit for the tier(s) they selected.
- Partners should be ordering monthly quantities based upon current need; our inventory and donations cannot handle partners ordering multiple months' worth of inventory at one time or building up a stockpile of inventory.
- All orders are due by the order due date on the annual pick-up schedule, available at <https://coverdgc.org/partner-agency-news-updates/>
- Each child will receive 2 bundles of 25 diapers each (50 diapers) for the month.
- Period pad kits, Period tampon kits, and Cup Refill kits may be distributed as one kit per person per month. Menstrual cup kits include a cup that is good for several years; after receiving a cup kit, clients in the months that follow should only get cup refill kits (which provide additional liners). For Fly & Dry products, distribution is 2 bundles of 14 per month (28 disposable briefs).

How to Order

Order online using PartnerBase (<https://humanessentials.app/>). A partner agency can submit one order per month. Orders cannot be edited after they have been submitted.

For detailed instructions on how to order through PartnerBase, see [Appendix C](#). If you encounter issues with ordering, email nick@sweetcheeksdiaperbank.org or support@sweetcheeksdiaperbank.org using the email header, "(Month) Order Issue - (Agency Name)" on or before the order due date. In the email include your issue and the order quantities for that month.

Pick Up Instructions

The recipient agency shall send a representative of its distribution program to pick up the monthly order from COVERD. A schedule will be provided at the orientation meeting for that year's pick-ups. We ask that partners try to arrive within the 1-hour window.

Please ensure that you bring a vehicle (or multiple vehicles) large enough to transport your order, or multiple trips may be necessary. When you arrive at COVERD, back your vehicle up to Dock 1 and let us know which agency you are picking up for. It is the responsibility of those picking up to move inventory from the pallet to their car, so please make sure those picking up are physically able to lift/carry loads of 40 lbs. repeatedly.

Returning Bags and Surveys

Orders will usually be packed into reusable, nylon laundry bags. COVERD purchases the bags, and we ask that you take care of them and return them at your next pick-up. There will be a location to drop off the bags and mark how many you are returning. Also, don't forget to turn in any surveys that were administered since your last pick-up.



Missed Pick-up?

If a circumstance arises that prevents you from making your pick-up window, send an email to nick@sweetcheeksdiaperbank.org within 24 hours titled, "Missed Pick-up - (Your Organizations Name)" noting the circumstances and to schedule a new pick-up window. If we do not hear from you or your organization within 24 hours, that month's inventory will be considered "forfeit" and is returned to inventory.

Disclaimer- Please Be Safe!

If your agency representative, employee, or agent sustains an injury during the pickup time, it is neither the fault nor the responsibility of COVERD. The partner agency shall submit upon request a certificate of insurance to COVERD documenting that the agency has worker's compensation coverage, general liability coverage, and automobile insurance coverage of at least the minimum automobile insurance limits required by applicable state law.

Staff Awareness

It is the responsibility of the recipient agency to ensure any staff in contact with COVERD programs are aware of the provisions of the COVERD Partner Agency Manual and Collaborative Agreement (separate, signed document available in [Appendix E](#)). Additionally, the partner agency agrees that it will not in any way represent that partner agency is an employee or agent of COVERD of its programs. Nothing herein shall be construed as creating an employee/employer relationship between the parties.

What is Required of Agency Partners?

Monthly Requirements

1. On the 1st and 15th of each month, read partner updates posted on the partner updates page: <https://coverdgc.org/partner-agency-news-updates/> . No login is required. Bookmark the webpage, and subscribe to get automatic emails when updates are posted.
2. Submit order by the deadline each month, and pick up during the scheduled time. Use the link on the [partner updates page](#) to access the current ordering deadline and pickup schedule. Add your dates to your calendar to keep track.
3. Complete Client Application with each new product recipient, especially the “Acceptance of Service Terms”. Maintain signature of each client on file. Application available in [Appendix B](#).
4. Complete client surveys and track data for annual reporting. See [Client Surveys](#) and [Appendix A](#) for surveys.



Annual Requirements

5. The partner agency completes the Annual Report, this year using Google Forms, using information collected throughout the year. A tracking spreadsheet is available upon request.
6. The partner agency completes the annual agreement and chooses a Tier level. Partner agency fulfills the commitments in the agreement, including partnership fees and volunteer hours.
7. The Executive Director of the recipient agency (or their designee) must attend the annual Partner Agency meeting for COVERD held once a year in January at the COVERD warehouse. Any individual(s) managing the program for the recipient agency must attend the meeting as well.
8. The partner agency will provide at least two stories of persons that have received COVERD products during each agreement period and/or allow COVERD to interview families who receive COVERD products. The stories may be blinded to protect the identity of the client.
9. COVERD may conduct at least one site visit annually to ensure products are stored in a secure location within the agency and that accurate records are maintained for all clients receiving COVERD products.

Suspension and Termination Policies

The partnership with COVERD is extended to recipient agencies for an annual period. Agencies can review and re-commit to the partnership each year when they sign the Collaborative Partnership Agreement.

If violations or infractions of our above stated policies occur, COVERD reserves the right to suspend or terminate the partnership. Examples of violations include:

- Exchanging COVERD products received for money, property, or services.
- Using donated goods for private gain.
- Using COVERD products for something other than the direct distribution to a needy family in your program. Products donated to or purchased by COVERD are done so with the express purpose of use by a person in a recipient agency's program.

- Products received from COVERD may not be used for fundraising purposes.
- Products received from COVERD may not be given to another agency.
- Delinquency of data reporting.
- Losing 501(c)(3) status.
- Violating the basic agreement between itself and COVERD.

COVERD shall investigate any complaint or violation reported to us.

Suspension: A recipient agency may be suspended if found in violation of any of the above conditions. If suspended, the recipient agency shall be notified by email and it will lose all rights of a partner agency. Once the problem(s) has been corrected, the agency can request its status to be reactivated.

Termination: A recipient agency's partnership with COVERD can be terminated by the CEO of COVERD if the violations are serious. The recipient agency shall be notified immediately if this occurs.

Appendices

Appendix A: Outcome Slips (Surveys) for Clients

The next two pages are the survey that should be completed when:

1. A client gets diapers from a partner for the first time.
2. Twice annually from all clients getting diapers in the months surveys are requested by SCDB.

The first page has 3 surveys in Spanish.

The second page has 3 surveys in English.

The third page has 2 surveys in Nepali.



Print the language(s) you need and cut into slips before distribution. Collect, and return them to Sweet Cheeks on your pick-up day.

The following survey **questions have not changed** since last year.

The format was updated to make them a bit easier to read.

Feel free to keep using the 2021 version if you already have them printed.



Organización: _____ **Fecha:** _____ **Cantidad de niños con pañales:** _____

¿Cantidad de adultos que trabajan en su núcleo familiar? 0 1 2 o más

¿Cuánto tiempo llevan recibiendo pañales de Sweet Cheeks Diaper Bank?

Esta es mi primera vez Aprox. un mes Algunos meses Muchos meses Aprox. un año

¿Cómo se siente en cuanto a la cantidad de pañales recibidos?

No es suficiente Es perfecta Es demasiada

Recibir la ropa interior de entrenamiento/pañales para mi(s) hijo(s) me permite (marque todos los que correspondan):

-Llevar a mi hijo/a a la guardería -Reducir el estrés -Ir a trabajar -Comprar comida -Buscar trabajo

-Hacer más feliz a mi hijo/a -Ayudar a mi hijo/a a ser más saludable -Ir a la escuela o a capacitación laboral

-Pagar una cuenta -Comprar artículos no alimenticios como pasta de dientes o jabón

-Ahorrar dinero para: _____ -Otros: _____

¿Hay algo que quiera que sepa Sweet Cheeks Diaper Bank?

Organización: _____ **Fecha:** _____ **Cantidad de niños con pañales:** _____

¿Cantidad de adultos que trabajan en su núcleo familiar? 0 1 2 o más

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-Pagar una cuenta -Comprar artículos no alimenticios como pasta de dientes o jabón

-Ahorrar dinero para: _____ -Otros: _____

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-Hacer más feliz a mi hijo/a -Ayudar a mi hijo/a a ser más saludable -Ir a la escuela o a capacitación laboral

-Pagar una cuenta -Comprar artículos no alimenticios como pasta de dientes o jabón

-Ahorrar dinero para: _____ -Otros: _____

¿Hay algo que quiera que sepa Sweet Cheeks Diaper Bank?

Organization: _____ **Today's Date:** _____ **# Children in Diapers:** _____
Number of working adults in your household? 0 1 2 or more

About how long have you been getting diapers from Sweet Cheeks Diaper Bank?

This is my first time About a month A few months Many months About a year

How do you feel about the number of diapers received?

It is not enough It is just right It is too much

Receiving these pull-ups/diapers for my child(ren) allows me to (circle all that apply):

-Take child to daycare -Reduce stress -Go to work -Buy food -Look for work
-Make my child happier -Help my child be healthier -Go to school or job training -Pay a bill
-Buy non-food items like toothpaste or soap -Save money for: _____ -Other: _____

Is there anything you want Sweet Cheeks Diaper Bank to know?

Organization: _____ **Today's Date:** _____ **# Children in Diapers:** _____
Number of working adults in your household? 0 1 2 or more

About how long have you been getting diapers from Sweet Cheeks Diaper Bank?

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-Buy non-food items like toothpaste or soap -Save money for: _____ -Other: _____

Is there anything you want Sweet Cheeks Diaper Bank to know?

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-Make my child happier -Help my child be healthier -Go to school or job training -Pay a bill
-Buy non-food items like toothpaste or soap -Save money for: _____ -Other: _____

Is there anything you want Sweet Cheeks Diaper Bank to know?

Sweet Cheeks Diaper Bank Partner Client Survey- Nepali

संस्था: _____ आजको मिति: _____ # डायपर लगाउने बच्चाहरू: _____

तपाईंको परिवारमा रोजगार गर्ने वयस्कहरूको सङ्ख्या? 0 1 2 वा धेरै

तपाईंले स्विट चिक्स डायपर बैंकबाट डायपर लिन थालेको लगभग कति समय भयो?
यो मेरो पहिलो पटक हो लगभग एक महिना केही महिना धेरै महिना लगभग एक वर्ष

पाएको डायपरहरूको सङ्ख्याका बारेमा तपाईंलाई कस्तो लाग्छ?
यो पर्याप्त छैन ठिक्क मात्र छ अत्याधिक धेरै छ

मेरो बच्चा(हरू) का लागि यी पूल-अप/डायपरहरू पाउँदा मलाई निम्न कुराहरूमा सहायता पुग्छ (लागु हुने सबैमा चिन्ह लगाउनुहोस्):
-बच्चालाई दिवास्याहारमा लान - तनावमा कमी ल्याउन - काममा जान - खाने कुरा किन्न - काम खोज्न
-मेरो बच्चालाई खुशी राख्न -मेरो बच्चालाई अझ स्वस्थ बनाउन -स्कूल जान वा रोजगार तालीममा जान -बिल तिर्न
-गैर-खाद्य वस्तु जस्तै टूथपेस्ट वा साबुन किन्न -निम्न कामका लागि पैसा बचाउन: _____ -अन्य: _____

के तपाईं स्विट चिक्स डायपर बैंकलाई अरु केही कुरा जनाउन चाहनुहुन्छ?

Sweet Cheeks Diaper Bank Partner Client Survey- Nepali

संस्था: _____ आजको मिति: _____ # डायपर लगाउने बच्चाहरू: _____

तपाईंको परिवारमा रोजगार गर्ने वयस्कहरूको सङ्ख्या? 0 1 2 वा धेरै

तपाईंले स्विट चिक्स डायपर बैंकबाट डायपर लिन थालेको लगभग कति समय भयो?
यो मेरो पहिलो पटक हो लगभग एक महिना केही महिना धेरै महिना लगभग एक वर्ष

पाएको डायपरहरूको सङ्ख्याका बारेमा तपाईंलाई कस्तो लाग्छ?
यो पर्याप्त छैन ठिक्क मात्र छ अत्याधिक धेरै छ

मेरो बच्चा(हरू) का लागि यी पूल-अप/डायपरहरू पाउँदा मलाई निम्न कुराहरूमा सहायता पुग्छ (लागु हुने सबैमा चिन्ह लगाउनुहोस्):
-बच्चालाई दिवास्याहारमा लान - तनावमा कमी ल्याउन - काममा जान - खाने कुरा किन्न - काम खोज्न
-मेरो बच्चालाई खुशी राख्न -मेरो बच्चालाई अझ स्वस्थ बनाउन -स्कूल जान वा रोजगार तालीममा जान -बिल तिर्न
-गैर-खाद्य वस्तु जस्तै टूथपेस्ट वा साबुन किन्न -निम्न कामका लागि पैसा बचाउन: _____ -अन्य: _____

के तपाईं स्विट चिक्स डायपर बैकलाई अरु केही कुरा जनाउन चाहनुहुन्छ?

Appendix B: Agency Client Application

The following pages include a copy of the Agency Client Application. This form should be completed with each client receiving COVERD products.

- It is required for each client to sign a copy of the **“Acceptance of Service Terms and Certification”** portion. If the rest of the information is being tracked in another way (ex. directly on a spreadsheet, agency database, etc.), it is not required to use the rest of the form.
- The signed forms must be filed and maintained by the partner agency, as outlined in the [Monthly Requirements](#) section.
- The form is currently available in English and Spanish. When we finalize the Nepali version, they will be added to this manual and updated on our [updates page](#).
- PDF versions are available upon request.



Agency Client Application

Child #1 Information					
Child # 1	First Name		Last Name		
Parent/ Guardian					
Parent/ Guardian Zip Code	To Be Completed by Agency (If Applicable)				
Parent/ Guardian County	Agency Parent/Guardian ID _____				
Parent/ Guardian Phone #	Agency Child ID _____				
Child Date of Birth	_____ / _____ / _____ (month/day/ year)				
Child Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Child lives with: (Check all that apply)	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other
Child Race: (Check all that apply)	<input type="checkbox"/> Black/ African-American	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Native Pacific/ Other Native Island		
Diaper Size:	<input type="checkbox"/> Hispanic/ Latino		<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	
Family Information					
How many people live in the home?	_____ Adults 18+		_____ Children 5-7		_____ Children Under 5
Source of Income (Check all that apply)	<input type="checkbox"/> SSI	<input type="checkbox"/> SNAP/Food Stamps		<input type="checkbox"/> TANF	<input type="checkbox"/> WIC
	<input type="checkbox"/> Housing/ subsidized			<input type="checkbox"/> Housing/ unsubsidized	
Is the parent/ guardian employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes: <input type="checkbox"/> FT <input type="checkbox"/> PT	Monthly take-home pay?	
Parent Health Insurance	<input type="checkbox"/> Private Health Insurance		<input type="checkbox"/> Medicaid	<input type="checkbox"/> Uninsured	
Child Health Insurance	<input type="checkbox"/> Private Health Insurance		<input type="checkbox"/> Medicaid	<input type="checkbox"/> Uninsured	
Acceptance of Service Terms and Certification:					
<p>By signing this application, I am certifying the information on this application is correct to the best of my knowledge, and I understand the following:</p> <ol style="list-style-type: none"> Sweet Cheeks Diaper Bank requires that this agency collects data to prevent duplication of services and for use for grant writing purposes. The Sweet Cheeks Diaper Bank program will distribute diapers to children up to their 4th birthday. I will use these diapers ONLY for the child(ren) listed on the application, and I MAY NOT SELL, TRADE, OR GIVE AWAY THESE DIAPERS. I may only receive 50 diapers or 30 training pants per child per month from any Sweet Cheeks Diaper Bank agency. If I get diapers from Sweet Cheeks Diaper Bank because of a short-term emergency, I can receive emergency diapers for up to two months unless I get case management or other services from the agency or the agency refers me to another agency to receive similar services. If I deliberately try to get more than the monthly limit of diapers, try to get diapers from more than one Sweet Cheeks Diaper Bank agency in any given month, or violate #3 above, my child(ren) may be removed from the program. I will defend, indemnify and hold Sweet Cheeks Diaper Bank and the partner agency from which I am receiving products, their affiliated agencies, officers, directors, contractors, agents, and employees harmless from any and all liability, loss, damages or expenses from all claims, demands, and actions (including but not limited to reasonable attorney's fees) out of or in connection with the use, handling, and distribution of these diapers. By accepting and opening products I voluntarily assume full responsibility for any risks of loss and personal injury, including death, that may be sustained by me or my child(ren). In consideration for any diapers received, I grant permission for the recipient agency to gather, and I grant and convey to Sweet Cheeks Diaper Bank to use, my and/or my child(rens) likeness in any and all Sweet Cheeks Diaper Bank publications or advertisements in print, television, online (including without limitation, its websites or pages on Facebook or other social media sites) and any other media, without compensation to me. This consent is irrevocable and is without payment. These materials will become the property of the Sweet Cheeks Diaper Bank and will not be returned. I waive the right to inspect or approve anything in which my and/or my child(rens) name, statement(s) or likeness appears, and I waive any right to royalties or other compensation arising or related to their use by Sweet Cheeks Diaper Bank. 					
Parent/ Guardian Legal Name (print):			Relationship to Child:		
Parent/ Guardian Signature:			Date:		

Child #2 Information			
	First Name		Last Name
Child #2			
Child #2 Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Child Date of Birth	____ / ____ / ____ (month/day/year)		
Child Race (Check all the apply)	<input type="checkbox"/> Black/ African-American	<input type="checkbox"/> White/ Caucasian	
Diaper Size:	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian

Parent/ Guardian Legal Name (print):	Relationship to Child:
Parent/ Guardian Signature:	Date:

Child #3 Information			
	First Name		Last Name
Child #3			
Child #3 Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Child Date of Birth	____ / ____ / ____ (month/day/year)		
Child Race (Check all the apply)	<input type="checkbox"/> Black/ African-American	<input type="checkbox"/> White/ Caucasian	
Diaper Size:	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian

Parent/ Guardian Legal Name (print):	Relationship to Child:
Parent/ Guardian Signature:	Date:



Solicitud de cliente de agencia

(Agency Client Application)

Información del niño N.º 1 (Child #1 Information)				
Niño N.º 1 (Child #1)	Nombre (First Name)	Apellido (Last Name)		
Padre/madre/tutor legal (Parent/Guardian)				
Código postal del padre/madre/tutor legal (Parent/Guardian Zip Code)	A ser completado por la agencia (si corresponde) To be completed by Agency (if applicable)			
Condado del padre/madre/tutor legal (Parent/Guardian County)	Agency Parent/Guardian ID _____ (ID del padre/madre/tutor legal de la agencia)			
Teléfono del padre/madre/tutor legal (Parent/Guardian Phone Number)	Agency Child ID _____ (ID del niño de la agencia)			
Fecha de nacimiento del niño (Child Date of Birth)	____ / ____ / ____ (mes/día/año) (month/day/year)			
Género del niño (Child Gender)	<input type="checkbox"/> Masculino (Male)		<input type="checkbox"/> Femenino (Female)	
El niño vive con (marque todos los que correspondan) (Child lives with (check all that apply))	<input type="checkbox"/> Madre (Mother)	<input type="checkbox"/> Padre (Father)	<input type="checkbox"/> Abuelo/a (Grand-parent)	<input type="checkbox"/> Padre/ madre de tutela temporal (Foster Parent)
				<input type="checkbox"/> Otro (Other Parent/Relative)
Raza del niño (marque todos los que correspondan) (Child Race (check all that apply))	<input type="checkbox"/> Negra/ afroamericana (Black/African American)	<input type="checkbox"/> Blanca/ caucásica (White/ Caucasian)	<input type="checkbox"/> Nativa del pacífico/Otra isla (Native Pacific/Other Native Island)	<input type="checkbox"/> Otro (Other)
Tamaño del pañal:	<input type="checkbox"/> Hispana/latina (Hispanic/ Latino)	<input type="checkbox"/> Asiática (Asian)	<input type="checkbox"/> Indígena americana (American Indian)	
Información de la familia (Family Information)				
¿Cuántas personas viven en el hogar? (How many people live in the home?)	____ Adultos (18 en adelante) (Adults 18+)	____ Niños (5 a 17) (Children 5-17)	____ Niños (menos de 5) (Children (under 5))	
Fuente de ingresos (marque todos los que correspondan) (Source of Income (check all that apply))	<input type="checkbox"/> SSI	<input type="checkbox"/> SNAP/Cupones de alimentos (SNAP/Food Stamps)		<input type="checkbox"/> TANF
				<input type="checkbox"/> WIC
	<input type="checkbox"/> Vivienda subsidiada (Housing / subsidized)		<input type="checkbox"/> Vivienda no subsidiada (Housing / unsubsidized)	
¿El padre/madre/tutor tiene empleo? (Is the parent/guardian employed?)	<input type="checkbox"/> Sí (Yes)	<input type="checkbox"/> No (No)	Si respondió que sí: (If yes) <input type="checkbox"/> FT <input type="checkbox"/> PT	¿Paga mensual que se lleva a casa? (Monthly take home pay?)
Seguro médico del PADRE/MADRE (PARENT health insurance)	<input type="checkbox"/> Seguro privado (Private Insurance)		<input type="checkbox"/> Medicaid	<input type="checkbox"/> Sin seguro (Uninsured)
Seguro médico del NIÑO (CHILD health insurance)	<input type="checkbox"/> Seguro privado (Private Insurance)		<input type="checkbox"/> Medicaid	<input type="checkbox"/> Sin seguro (Uninsured)
ACEPTACIÓN DE TÉRMINOS DE SERVICIO Y CERTIFICACIÓN: (ACCEPTANCE OF SERVICE TERMS AND CERTIFICATION)				
Al firmar esta solicitud estoy certificando que la información en la misma es correcta a mi leal saber y entender y que comprendo lo siguiente:				
<ol style="list-style-type: none"> El banco de pañales Sweet Cheeks Diaper Bank exige que esta agencia recabe información para impedir la duplicación de servicios y para presentar solicitudes de subvenciones. El programa Sweet Cheeks Diaper Bank distribuirá pañales a niños hasta su 4º cumpleaños. Utilizaré estos pañales ÚNICAMENTE para el(los) niño(s) enumerado(s) en la solicitud, y NO PUEDO VENDER, CANJEAR NI REGALAR ESTOS PAÑALES. Solo puedo recibir 50 pañales o 30 piezas de ropa interior de entrenamiento por niño por mes de cualquier agencia de Sweet Cheeks Diaper Bank. Si recibo pañales de Sweet Cheeks Diaper Bank debido a una emergencia de corto plazo, puedo recibir pañales de emergencia por hasta dos meses, a menos que reciba servicios de administración de casos u otros servicios de la agencia, o que la agencia me derive a otra agencia para recibir servicios similares. Si intento deliberadamente recibir más que el límite mensual de pañales, intento recibir pañales de más de una agencia de Sweet Cheeks Diaper Bank en cualquier mes o infrinjo el numeral 3 que antecede, mi(s) hijo(s) podría(n) ser retirado(s) del programa. Defenderé, indemnizaré y eximiré a Sweet Cheeks Diaper Bank y a la agencia asociada de la que estoy recibiendo los productos, a sus agencias afiliadas, funcionarios, directores, contratistas, agentes y empleados de toda responsabilidad, pérdida, daños o gastos por todos los reclamos, demandas y acciones (incluyendo, pero sin limitarse a los honorarios razonables de los abogados) que surjan o estén relacionadas con el uso, la manipulación y la distribución de estos pañales. Al aceptar y abrir los productos, asumo voluntariamente toda la responsabilidad por cualquier riesgo de pérdida y lesión personal, incluida la muerte, que pueda sufrir yo o mi(s) hijo(s). Como contraprestación por los pañales recibidos, autorizo a la agencia receptora a recopilar, y concedo y transmito al Sweet Cheeks Diaper Bank el uso de mi imagen y/o la de mi(s) hijo(s) en todas y cada una de las publicaciones o anuncios del Sweet Cheeks Diaper Bank en prensa, televisión, en línea (incluyendo, sin limitación, sus sitios web o páginas en Facebook u otros sitios de medios sociales) y cualquier otro medio de comunicación, sin compensación para mí. Este consentimiento es irrevocable y no conlleva ningún pago. Estos materiales pasarán a ser propiedad del Sweet Cheeks Diaper Bank y no serán devueltos. Renuncio al derecho de inspeccionar o aprobar cualquier cosa en la que aparezca mi nombre, declaración o imagen y/o la de mi(s) hijo(s), y renuncio a cualquier derecho a regalías u otra compensación que surja o esté relacionada con su uso por parte del Banco de Sweet Cheeks Diaper Bank. 				
Nombre del padre/madre/tutor legal (Parent/Guardian Name)	_____ (en imprenta)			Relación con el niño (Relationship to Child) _____
Firma del padre/madre/tutor legal (Parent/Guardian Signature)	_____			Fecha (Date) _____

Información del niño N.º 2 (Child # 2 Information)			
		Nombre (First Name)	Apellido (Last Name)
Niño N.º 2 (Child # 2)			
Género del niño (Child Gender)		<input type="checkbox"/> Masculino (Male)	<input type="checkbox"/> Femenino (Female)
Fecha de nacimiento del niño (Child Date of Birth)		____ / ____ / ____ (mes/día/año) (month/day/year)	
Raza del niño (marque todos los que correspondan) (Child Race (check all that apply))		<input type="checkbox"/> Negra/ afroamericana (Black/African American)	<input type="checkbox"/> Blanca/ caucásica (White/ Caucasian)
		<input type="checkbox"/> Nativa del pacífico/Otra isla (Native Pacific/Other Native Island)	<input type="checkbox"/> Otro (Other)
Tamaño del pañal:		<input type="checkbox"/> Hispana/latina (Hispanic/ Latino)	<input type="checkbox"/> Asiática (Asian)
		<input type="checkbox"/> Indígena americana (American Indian)	

Nombre del padre/madre/tutor legal _____ (en imprenta) (Parent/Guardian Name)	Relación con el niño (Relationship to Child) _____
Firma del padre/madre/tutor legal _____ (Parent/Guardian Signature)	Fecha (Date) _____

Información del niño N.º 3 (Child # 3 Information)			
		Nombre (First Name)	Apellido (Last Name)
Niño N.º 3 (Child # 3)			
Género del niño (Child Gender)		<input type="checkbox"/> Masculino (Male)	<input type="checkbox"/> Femenino (Female)
Fecha de nacimiento del niño (Child Date of Birth)		____ / ____ / ____ (mes/día/año) (month/day/year)	
Raza del niño (marque todos los que correspondan) (Child Race (check all that apply))		<input type="checkbox"/> Negra/ afroamericana (Black/African American)	<input type="checkbox"/> Blanca/ caucásica (White/ Caucasian)
		<input type="checkbox"/> Nativa del pacífico/Otra isla (Native Pacific/Other Native Island)	<input type="checkbox"/> Otro (Other)
Tamaño del pañal:		<input type="checkbox"/> Hispana/latina (Hispanic/ Latino)	<input type="checkbox"/> Asiática (Asian)
		<input type="checkbox"/> Indígena americana (American Indian)	

Nombre del padre/madre/tutor legal _____ (en imprenta) (Parent/Guardian Name)	Relación con el niño (Relationship to Child) _____
Firma del padre/madre/tutor legal _____ (Parent/Guardian Signature)	Fecha (Date) _____

एजेन्सी क्लाइन्ट आवेदन (Agency Client Application)

एजेन्सीको नाम वा छाप
(Agency Name or Stamp) _____

बच्चा #1 विवरण (Child # 1 Information)				
बच्चा #1 (Child # 1)	नाम (First Name)	थर (Last Name)		
आमा-बाबु/अभिभावक (Parent/Guardian)				
आमा-बाबु/अभिभावक जिप कोड (Parent/Guardian Zip Code)	एजेन्सीले भर्नु पर्ने (यदि लागू भए) To be completed by Agency (if applicable)			
आमा-बाबु/अभिभावक काउन्टि (Parent/Guardian County)	Agency Parent/Guardian ID (एजेन्सी आमा-बाबु/अभिभावक परिचयपत्र)			
आमा-बाबु/अभिभावकको फोन नम्बर (Parent/Guardian Phone Number)	Agency Child ID (एजेन्सी बच्चा परिचयपत्र)			
बच्चाको जन्म मिति (Child Date of Birth)	____ / ____ / ____ (महिना/दिन/वर्ष) (month/day/year)			
बच्चाको लिंग (Child Gender)	<input type="checkbox"/> पुरुष (Male)		<input type="checkbox"/> स्त्री (Female)	
बच्चा कोसंग बस्छ (लागू हुने सबैमा चिन्ह लगाउनुहोस्) (Child lives with (check all that apply))	<input type="checkbox"/> आमा (Mother)	<input type="checkbox"/> बाबु (Father)	<input type="checkbox"/> हजुरआमा-बाबु (Grand-parent)	<input type="checkbox"/> फोस्टर आमा-बाबु (Foster Parent)
			<input type="checkbox"/> अन्य आमा-बाबु/आफन्त (Other Parent/Relative)	
बच्चाको जाती (लागू हुने सबैमा चिन्ह लगाउनुहोस्) (Child Race (check all that apply))	<input type="checkbox"/> ब्ल्याक/अफ्रिकन अमेरिकन (Black/African American)	<input type="checkbox"/> वाइट/ककेशन (White/ Caucasian)	<input type="checkbox"/> नेटिभ प्यासिफिक/अन्य नेटिभ आयलैंड (Native Pacific/Other Native Island)	<input type="checkbox"/> अन्य (Other)
डायपर आकार: (Diaper size:)	<input type="checkbox"/> हिस्प्यानिक/ल्याटिनो (Hispanic/ Latino)	<input type="checkbox"/> एसियन (Asian)	<input type="checkbox"/> अमेरिकन इन्डियन (American Indian)	
परिवार विवरण (Family Information)				
घरमा कतिजना मानिसहरू बस्छन्? (How many people live in the home?)	____ वयस्क (18+) (Adults 18+)	____ बच्चा (5 देखि 17) (Children (5-17))	____ बच्चा (5 वर्ष मुनिका) (Children (under 5))	
आय स्रोत (लागू हुने सबैमा चिन्ह लगाउनुहोस्) (Source of income (check all that apply))	<input type="checkbox"/> SSI	<input type="checkbox"/> SNAP/ फूड स्ट्याम्प (SNAP/Food Stamps)	<input type="checkbox"/> TANF	<input type="checkbox"/> WIC
	<input type="checkbox"/> आवास / सब्सिडाइज्ड (Housing / subsidized)		<input type="checkbox"/> आवास / अनसब्सिडाइज्ड (Housing / unsubsidized)	
के आमा-बाबु/अभिभावक रोजगार गर्छन्? (Is the parent/guardian employed?)	<input type="checkbox"/> हो होइन (Yes) (No)	यदि हो भने: (If yes) <input type="checkbox"/> पूर्णकालीन <input type="checkbox"/> आंशिककालीन	महिनाको अन्तमा घर लैजाने तलव? (Monthly take home pay?) _____	
आमा-बाबुको स्वास्थ्य बिमा (PARENT health insurance)	<input type="checkbox"/> निजी बिमा (Private Insurance)	<input type="checkbox"/> मेडिकेड	<input type="checkbox"/> बिमा नगरेको (Uninsured)	
बच्चाको स्वास्थ्य बिमा (CHILD health insurance)	<input type="checkbox"/> निजी बिमा (Private Insurance)	<input type="checkbox"/> मेडिकेड	<input type="checkbox"/> बिमा नगरेको (Uninsured)	

सेवाको शर्त स्वीकृति तथा प्रमाणीकरण: (ACCEPTANCE OF SERVICE TERMS AND CERTIFICATION)

यो आवेदनमा हस्ताक्षर गरेर, म यो आवेदनमा उल्लिखित विवरण मेरो ज्ञानले भ्याएसम्म सही हो, र मैले निम्न अनुसार बुझेको छु भनेर प्रमाणित गर्दछु:

- स्विट चिक्स डायपर बैंकद्वारा एकै प्रकारको सेवा दोहोरिन नदिन साथै अनुदान सहायता आवेदन प्रयोजनहरूमा उपयोग गर्न यो एजेन्सीले सूचना सङ्कलन गर्नुपर्ने अनिवार्य गर्छ।
- स्विट चिक्स डायपर बैंक कार्यक्रमले चौथो जन्मदिन सम्म बच्चाहरूलाई डायपर वितरण गर्दछ।
- म उक्त डायपरहरू आवेदनमा उल्लिखित बच्चा(हरू) का लागि मात्र प्रयोग गर्नेछु, साथै म उक्त डायपरहरू बिक्री गर्ने, साट्ने, वा अरुलाई दिने छुइन।
- मैले कुनैपनि स्विट चिक्स डायपर बैंक एजेन्सीबाट प्रति बच्चा प्रति महिना 50 डायपर वा 30 ट्रेनिङ प्यान्टहरू मात्र पाउने छु।
- यदि कुनै अल्प-कालीन आपातकालीन अवस्थाका कारणले मैले स्विट चिक्स डायपर बैंकबाट डायपरहरू पाउने भएमा, मैले एजेन्सीबाट केस व्यवस्थापन वा अन्य सेवाहरू नपाएसम्म अथवा एजेन्सीले मलाई उस्तै सेवाहरू पाउन अर्को एजेन्सीमा सिफारिस नगरेसम्म मैले आपातकालीन अवस्था डायपरहरू बढीमा दुई महिना सम्म मात्र पाउन सक्नेछु।
- यदि मैले जानी जानी डायपरहरूको मासिक सीमा भन्दा धेरै लिने प्रयास गरेमा, कुनैपनि महिनामा एउटा भन्दा धेरै स्विट चिक्स डायपर बैंक एजेन्सीबाट डायपर लिने प्रयास गरेमा, वा उपरोक्त #3 को उल्लङ्घन गरेमा, मेरो बच्चा(हरू) लाई कार्यक्रमबाट हटाउन पनि सकिने छ।
- म स्विट चिक्स डायपर बैंक र साझेदार एजेन्सी, जसबाट मैले सामग्रीहरू प्राप्त गर्दछु, चतनीहरूका सम्बन्धित एजेन्सीहरू, अधिकारीहरू, चनदेशकहरू, ठेकेदारहरू, एजेन्टहरू, र कमणियारीहरू, कुनै वा सबै चजम्मेवारी, हाचन- नोक्सानी वा खिणबाट हाचनरचहत, सबै दाबी, माग र कायणहरू (उचित वचकलको शुल्क सचहत) यी डायपरहरूको प्रयोग-सम्हाल र चवतरको सम्बन्धमा रक्षा, हाचनको लाचग क्षतपूतण र सहयोग गर्नेछु। यी सामग्रीहरू स्वीकारेर र खोलेर, म स्वैन्धिक रूपमा म वा मेरो बच्चामाचि आइपनण सक्ने मृत्यु लगायत कुनै पचन जोन्धखमपूर्ण हाचन र व्यन्धिगत िटपटकको लाचग पूर्ण चजम्मेवारी चलन्छु।
- प्राप्त कुनै पचन डायपरलाई चविर गदाण, म प्राप्त गर्ने एजेन्सीलाई जम्मा गनण अनुमचत चदन्छु। म स्विट चिक्स डायपर बैंकलाई कुनै वा सबै स्विट चिक्स डायपर बैंकको प्रकाशन वा छाचपएको चव ज्ञापन, चट.भी, अनलाइन (कुनैपचन सीमाचवना त्यसको वेबसाइटहरू, फे सबुक पेजहरू वा अरु सामाचजक चमचडया साइटहरूमा) वा अरु कुनै चमचडयामा मलाई कुनै क्षतपूतणचवना मेरो र/वा मेरो बच्चाको समानता प्रयोग गनण अनुमचत चदन्छु र पठाउछु। यो सहमचत अपररवतणनीय र भिनी चबना छ। यी सामग्रीहरू स्वीट चिक्स डायपर बैंकको सम्पचि हुनेछ र चफताण गरने छैन। म मेरो र/वा मेरो बच्चाको नाम, किन(हरू), वा कुनै समानता देन्धखएमा चनरीक्षर गने वा अनमोदण चदने अधिकार त्यागछु। अचन रकम दाबी गने वा उत्पन्न हुने अन्य क्षतपूतण वा स्विट चिक्स डायपर बैंक सम्बन्धित प्रयोगमाचिको अधिकार त्यागछु।

आमा-बाबु/अभिभावकको नाम (Parent/Guardian Name)	_____ (दुलो अक्षरमा)	बच्चासंग सम्बन्ध (Relationship to Child)	_____
आमा-बाबु/अभिभावकको हस्ताक्षर (Parent/Guardian Signature)	_____	मिति (Date)	_____

बच्चा #2 विवरण (Child # 2 Information)			
नाम (First Name)	थर (Last Name)		
बच्चा #2 (Child # 2)			
बच्चाको लिंग (Child Gender)	<input type="checkbox"/> पुरुष (Male)	<input type="checkbox"/> स्त्री (Female)	
बच्चाको जन्म मिति (Child Date of Birth)	____ / ____ / ____ (महिना/दिन/वर्ष) (month/day/year)		
बच्चाको जाती (लागु हुने सबैमा चिन्ह लगाउनुहोस्) (Child Race (check all that apply))	<input type="checkbox"/> बल्याक/अफ्रिकन अमेरिकन (Black/African American)	<input type="checkbox"/> वाइट/ककेशन (White/ Caucasian)	<input type="checkbox"/> नेटिभ प्यासिफिक/अन्य नेटिभ आयलैंड (Native Pacific/Other Native Island)
डायापर आकार: (Diaper size:)	<input type="checkbox"/> हिस्प्यानिक/ल्याटिनो (Hispanic/ Latino)	<input type="checkbox"/> एसियन (Asian)	<input type="checkbox"/> अमेरिकन इन्डियन (American Indian)
आमा-बाबु/अभिभावकको नाम (Parent/Guardian Name)	_____ (ठूलो अक्षरमा)		बच्चासँग सम्बन्ध (Relationship to Child) _____
आमा-बाबु/अभिभावकको हस्ताक्षर (Parent/Guardian Signature)	_____		मिति (Date) _____

बच्चा #3 विवरण (Child # 3 Information)			
नाम (First Name)	थर (Last Name)		
बच्चा #3 (Child # 3)			
बच्चाको लिंग (Child Gender)	<input type="checkbox"/> पुरुष (Male)	<input type="checkbox"/> स्त्री (Female)	
बच्चाको जन्म मिति (Child Date of Birth)	____ / ____ / ____ (महिना/दिन/वर्ष) (month/day/year)		
बच्चाको जाती (लागु हुने सबैमा चिन्ह लगाउनुहोस्) (Child Race (check all that apply))	<input type="checkbox"/> बल्याक/अफ्रिकन अमेरिकन (Black/African American)	<input type="checkbox"/> वाइट/ककेशन (White/ Caucasian)	<input type="checkbox"/> नेटिभ प्यासिफिक/अन्य नेटिभ आयलैंड (Native Pacific/Other Native Island)
डायापर आकार: (Diaper size:)	<input type="checkbox"/> हिस्प्यानिक/ल्याटिनो (Hispanic/ Latino)	<input type="checkbox"/> एसियन (Asian)	<input type="checkbox"/> अमेरिकन इन्डियन (American Indian)
Nombre del padre/madre/tutor legal (Parent/Guardian Name)	_____ (en imprenta)		Relación con el niño/Relationship to Child _____
Firma del padre/madre/tutor legal (Parent/Guardian Signature)	_____		Fecha (Date) _____



Appendix C: Submitting Your Monthly Order In PartnerBase

This does not cover the policies around ordering or how to determine what to order. That is provided in the [ordering](#) section. These are instructions for how to place your order once you understand your needs.

1. Log into Human Essentials/ PartnerBase at humanessentials.app (If you don't use Google Chrome, you may have issues completing your order or adding items to it.)
 - a. To set up or change accounts with access to your ordering, send the email addresses that need access to nick@sweetcheeksdiaaperbank.org.
 - b. They will receive an email invitation from Human Essentials to create a log-in.
 - c. **For continuity, we strongly recommend creating an email address like ordering@partnerorganization.org.**
2. On the Dashboard, under "Make a Request" click one of the 3 "Create Request" buttons:
 - a. "Quantity" (Previously called "Bulk Request")- use this to place your order in terms of total numbers of diapers (# of children x 50 diapers)
 - b. "Child"- this option allows you to enter each of your agency's children served, and order diapers for those individuals.
 - c. "# of Individuals"- order by number of children served. This will do the math for you, just enter the number of individuals for each product.

PartnerBase

nick@sweetcheeksdiaaperbank.org Need Help? Logout

Dashboard - Nick Test Agency

Verified Partner

Make a request

Quantity
Specify quantity for each product.
[Create Request](#)

Child
Specify the family and child you are requesting for.
[Create Request](#)

of Individuals
Specify the number of individuals for each product.
[Create Request](#)

Requests In Progress

Request Date	Number of Items Requested	Items Requested
--------------	---------------------------	-----------------

3. Add a comment in the box under "Comments:" if there's something you'd like us to see. We see every comment when it's time to pull orders.

4. Next, select your first item from the “Select An Item” dropdown. You should only be able to see the products your agency has opted into. For example, you cannot order Fly & Dry or Tidal Babe products if you are only partnering with the Sweet Cheeks Diaper Bank program.

5. Next, enter the quantity needed. **NOTE: THIS NUMBER SHOULD NEVER BE DIAPER BUNDLES.**
 - a. For a “quantity” order of diapers, you’ll order the total number of diapers needed. (Ex. For 12 children receiving “Kids (Size 3)” this month, you’d enter “600” in the “Quantity” box, because 12 children multiplied by 50 diapers a month is 600 diapers.
 - b. If you selected a “# of Individuals” request, you can simply enter the # of individuals for each type of product. This will do the math for you (Ex. Ordering Size 2 diapers for 10 individuals means you will receive 500 size 2 diapers in your order).
6. Click “Add Another Item” to add a new line. Continue to add items until your entire order for the month is entered.
7. Once you have double checked your entire order has been entered, click the “Submit Essentials Request” button. There is no editing or undoing after it is submitted.

Comments:

February 2022 Test Agency Order
We prefer bags instead of boxes if possible.

Item Requested	Quantity	
Kids (Size 2)	500	Remove
Kids (Size 3)	600	Remove
Kids (Size 4)	200	Remove
Kids (Size 5)	250	Remove
Kids (Size 6)	400	Remove

[Add Another Item](#)

[Submit Essentials Request](#) [Cancel Request](#)

8. The request has been submitted.

Request Details



Request has been successfully created!
Sweet Cheeks Diaper Bank should have received the request.
You should also be receiving a email confirmation in a few minutes.

Request ID:
10392

Comments:
February 2022 Test Agency Order We prefer bags instead of boxes if possible.

Requested Items:
400 of Kids (Size 6)
250 of Kids (Size 5)
200 of Kids (Size 4)
600 of Kids (Size 3)
500 of Kids (Size 2)

Submitted:

9. If you wish to view it again, you can navigate to it by clicking "Essentials Requests" on the left bar and scrolling down to "Request History." You cannot edit a request once it has been submitted. Email nick@sweetcheekdiaperbank.org if you made a mistake.

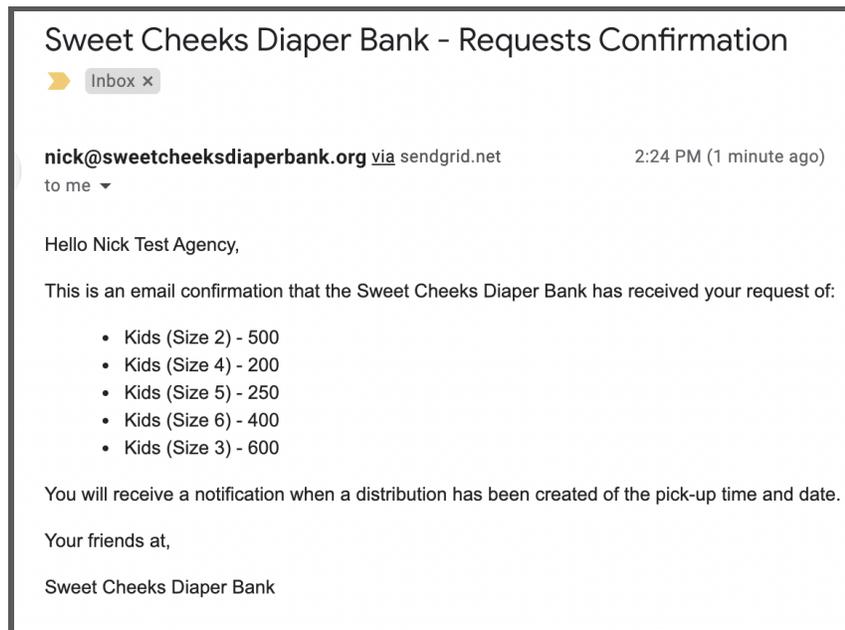
You also are now able to see your "Requests in Progress", "Upcoming Distributions", and "Prior Distributions" on your Dashboard:

Requests In Progress					
Request Date	Number of Items Requested	Items Requested			
11/08/2021	1950	500 Kids (Size 2)	600 Kids (Size 3)	200 Kids (Size 4)	250 Kids (Size 5) 400 Kids (Size 6)

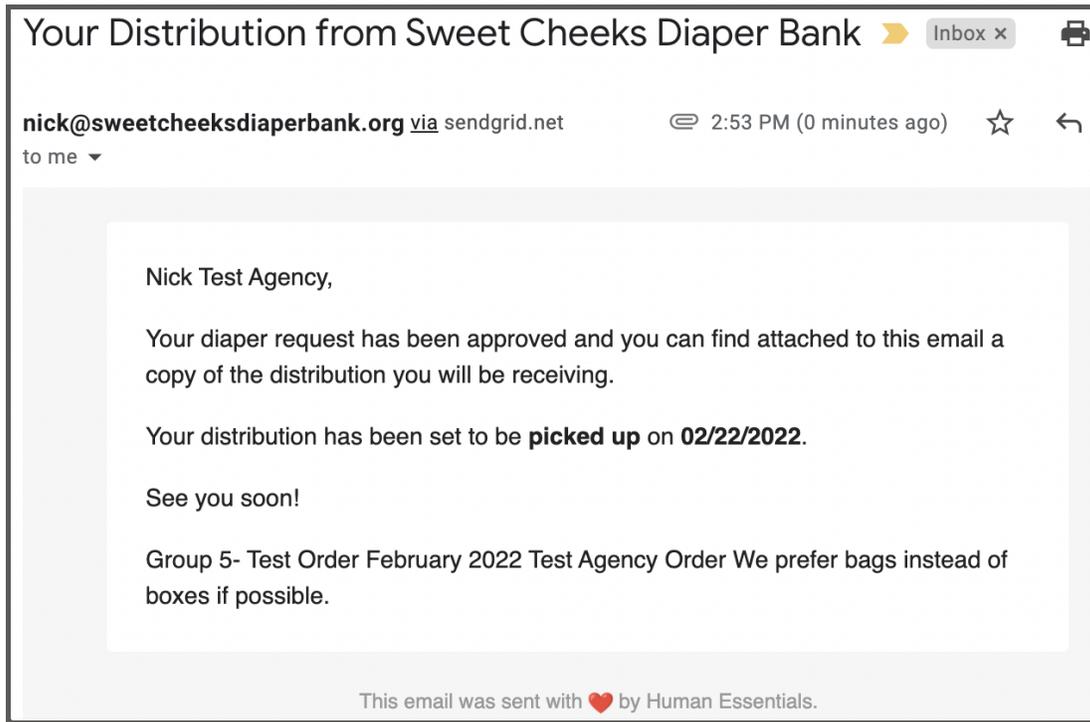
Upcoming Distributions		
Pick Up Date	Total Items	Items To Receive

Prior Distributions		
Distribution Date	Total Items	Items Received

10. You will receive an automatic email confirmation like the one below that your order has been submitted. This is an automated email and it only means that the request has been received. It does not mean that the order has been accepted.



11. When the order is accepted, you'll receive an automated email like this:



12. Attached to that email will be a distribution sheet. It includes pick-up date, time, and value of the order:



Sweet Cheeks Diaper Bank
1400 State Ave., Cincinnati, OH 45204
nick@sweetcheeksdiaperbank.org

Issued to:
Nick Test Agency

Issued on:
February 22 2022 9:00am

Items Received Year-to-Date:
1950

Comments:
Group 5- Test Order
February 2022 Test Agency Order
We prefer bags instead of boxes if possible.

Items Received	Value/item	In-Kind Value	Quantity	Packages
Kids (Size 2)	\$0.29	\$145.00	500	20
Kids (Size 3)	\$0.29	\$174.00	600	24
Kids (Size 4)	\$0.29	\$58.00	200	8
Kids (Size 5)	\$0.29	\$72.50	250	10
Kids (Size 6)	\$0.29	\$116.00	400	16
Total Items Received		\$565.50	1950	

Appendix D: Partner Agency Collaborative Agreement

(also known as the Partner Agreement Renewal Form for returning partners)

The next three pages are a copy of the Renewal Form completed annually by a Partner Agency in Neon.

General Collaborative Partnership Agreement

Agency Name: _____

Program: Sweet Cheeks Diaper Bank

Tier	# of Kids	# of Diapers/ Month	Retail Value Annually	Annual Fee No Volunteer Hours	Annual Fee w/ Volunteer Hours
1	1-25	50-1,250	Up to \$1,950	\$150	\$100, 10 hours
2	26-75	1,300-3,750	Up to \$5,200	\$350	\$250, 10 hours
3	76-150	3,800-7,500	Up to \$11,700	\$500	\$400, 10 hours
4	151-200	7,550-10,000	Up to \$15,600	\$650	\$550, 15 hours
5	201-250	10,050-12,500	Up to \$19,500	\$800	\$700, 15 hours
6	251-400	12,550-20,000	Up to \$25,000	\$1200	\$1100, 15 hours

Please indicate your SCDB Tier for 20_____ Distribution Tier: _____

Program: Tidal Babe Period Bank

Tier	# of Kits	Retail Value Annually	Annual Fee No Volunteer Hours	Annual Fee w/ Volunteer Hours
1	1-25	Up to \$2,250	\$50	\$25, 10 hours
2	26-50	Up to \$4,500	\$100	\$50, 10 hours
3	51-100	Up to \$9,000	\$150	\$100, 10 hours
4	101-150	Up to \$13,500	\$175	\$150, 10 hours
5	151-200	Up to \$18,000	\$200	\$175, 10 hours
6	251-400	Up to \$25,000	\$1200	\$1100, 15 hours

Please indicate your Tidal Babe Tier for 20_____ Distribution Tier: _____

FOR: COVERD Greater Cincinnati: We ask our partner agencies to complete at least **2 items from the following** list during the 12-month timeframe of this agreement. Please mark which items will work best for your agency below. If you're not sure right now, keep us posted throughout the year as you complete them.

- _____ Host a diaper drive for SCDB and/or a period supply drive for TBPB.
- _____ Put the SCDB / TBPB logo on your agency website with a link out to our website.
- _____ Write us into your grant request applications.
- _____ Highlight us in a newsletter, blog post, or other external stakeholder communication.
- _____ Participate in our event(s) as a voice for your clients receiving SCDB diapers or TBPB Kits.

*** It is a requirement that** the person managing your diaper and/or period kit distributions AND their manager attend the Annual Partner Meeting at COVERD Greater Cincinnati each January.

*** It is a requirement that** each partner agency send us 2 stories about the impact our products have had on their clients' lives and/or their organization/program's impact. (These can be anonymous!)

FROM: COVERD Greater Cincinnati: We will commit to the following list to help you promote your agency and its good work during the 12-month timeframe of this agreement.

1. We will highlight your agency and the work you do on social media.
2. We will include your agency name and a description of your services that include our diapers/period kits on our website, with a link out to your agency.
3. We will give you access to items for your clients that have been donated to us that we can't use.
4. We will include your name and/or logo in programs, presentations, annual reports, and other publications related to COVERD as appropriate.
5. We will provide data from our surveys about how SCDB diapers have impacted your clients.

The distribution of diapers/period kits is a cooperative effort between COVERD Greater Cincinnati and our Partner Agencies. Partner Agencies agree to the following to ensure the community can continue to receive this service:

1. Follow all policies and procedures as outlined in the Partner Agency Manual.
2. To provide supplies received from SCDB/TBPB in a conscientious manner without discrimination on the basis of race, color, national origin, gender, religion, age disability, political beliefs, sexual orientation, marital or family status.
3. Supplies are to be distributed free of charge and cannot be sold, traded or bartered, nor may they be used for fundraising auctions or raffles.
4. Diapers/Period Kits provided may not be redistributed to other agencies for use.
5. The Partner Agency agrees to make every effort to avoid duplication of services with other agencies and to avoid providing COVERD Greater Cincinnati supplies to clients who sell, exchange, or barter these items.
6. At Sweet Cheeks Diaper Bank, we serve children from birth to age 4. Partner Agency agrees to adhere to the age guideline and actively encourage clients to begin potty training when appropriate. Partners may continue to distribute diapers to children with a diagnosed condition that interferes with reaching this developmental milestone. Partner agency agrees to communicate this continued need to SCDB.
7. Not to refer clients to visit the COVERD Greater Cincinnati office or warehouse for supplies.
8. Partner Agency hereby indemnifies, defends and holds harmless COVERD Greater Cincinnati, their affiliated agencies, officers, directors, contractors, agents, volunteers, and employees from any and all liabilities for the quality or safety of the product consisting of diapers, period supplies, and other items distributed by COVERD Greater Cincinnati.
9. The term of this agreement shall begin as of the date it is last signed by COVERD Greater Cincinnati and shall continue for one (1) year from the date, unless the parties otherwise mutually agree in writing to terminate the Agreement.

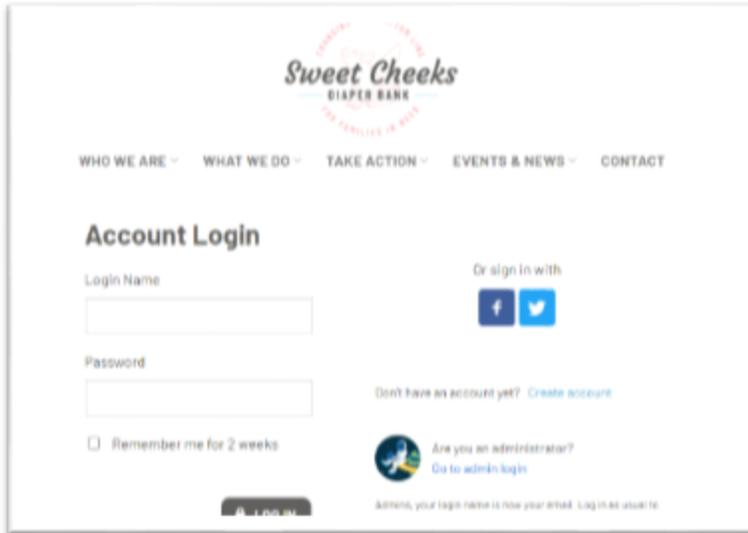
Appendix E: Completing Your Annual COVERD Collaborative Partnership Agreement (in Neon)

This does not cover the policies around the agreement. That is provided elsewhere in the manual. These are instructions for how to complete your annual agreement once you understand your needs.

Completing Your Annual COVERD Collaborative Partnership Agreement

1. Log into your Neon account using this link:

<https://sweetcheeksdiaferbanks.z2systems.com/np/clients/sweetcheeksdiaferbanks/login.jsp>



2. Once you are logged in, go to the following link:

<https://sweetcheeksdiaferbanks.z2systems.com/survey.jsp?surveyId=9&>

NOTE: ONLY ONE PERSON PER ORGANIZATION SHOULD COMPLETE THIS FORM.

3. Next, complete the form (see example screenshots below). You will enter your Agency Name, the year, and select which tier levels you wish to partner with us for Sweet Cheeks and Tidal Babe. You will also check the commitments you're making to COVERD before signing and submitting the form. We strongly recommend reading this thoroughly so you fully understand both our commitment to you, and your commitments to us. **If you need a copy for your records, print this form before closing or save it as a PDF.**

Program: Tidal Babe Period Bank

Please select your annual level of period kit distribution:

TIER 1 (NO Volunteer Hours): 1-25 kits/month, up to \$2,250 retail value annually, ANNUAL FEE: \$50

FOR: COVERD Greater Cincinnati

We ask our partner agencies to complete at least TWO items from the following list during the 12-month timeframe the two items which will work best for your agency.

- Host a diaper drive for SCDB and/or a period supply drive for TBPB

<https://sweetcheekdiaperbanks.z2systems.com/html/forms/sweetcheekdiaperbanks/survey.jsp?surveyid=88>

1/5

5/13/2021

Sweet Cheeks Diaper Bank, Helping Cincinnati Babies since 2015

- Put the SCDB/TBPB logo on agency website with a link out to our website
- Write us into your grant request applications
- Highlight us in a newsletter, blog post, or other external stakeholder communication
- Participate in our event(s) as a voice for your clients receiving SCDB or TBPB products

*It is a requirement that the person managing your diaper and/or period kit distributions AND their manager attend COVERD Greater Cincinnati each January.

*It is a requirement that each partner agency completes the SCDB Partner Agency Annual Report, including submit our products have had on client lives and/or their organization/program's impact (can be anonymous and is part of

FROM: COVERD Greater Cincinnati

We will commit to the following list to help you promote your agency and its good work during the 12-month timeframe.

1. We will highlight your agency and the work you do on social media.
2. We will include your agency name and a description of our services that include our diapers/period kits on our website.
3. We will give you access to items for your clients that have been donated to us that we can't use.
4. We will include your name and/or logo in programs, presentations, annual reports, and other publications related to our work.
5. We will provide data from our surveys about how SCDB diapers have impacted your clients.

Payment in full is due 120 days after agreement submission. TIER(S) you have chosen. This will include all supplies your agency from January 1st to December 31st of the year.

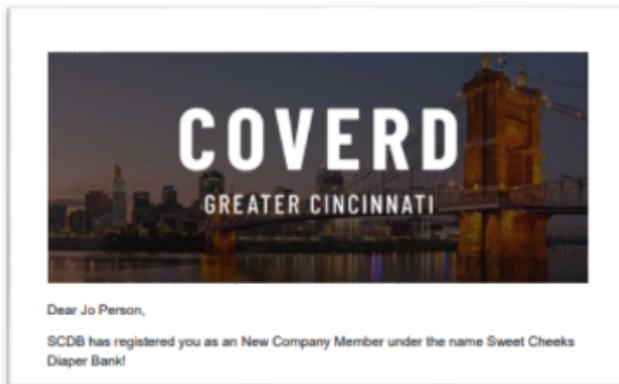
A LATE FEE OF 10% WILL BE ADDED EACH MONTH FOLLOWING JULY 1ST.

Your full name, as an indicator of full agreement with the above selections, conditions, and expectations:

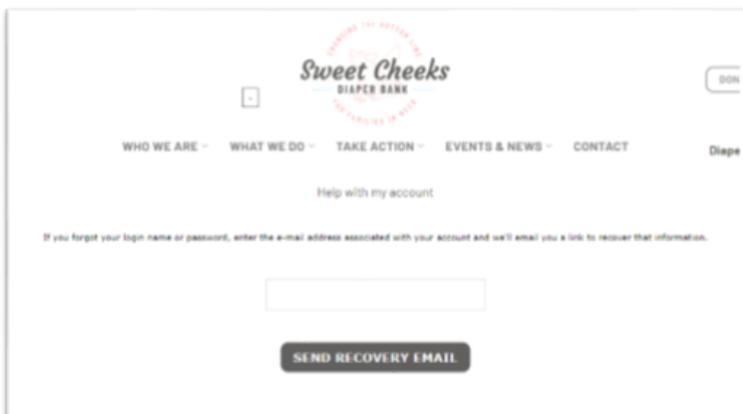
SUBMIT

Appendix F: Setting Up Your Neon Account

1. After orientation, you will receive an email that looks something like the image below, titled "COVERD Neon Account Registration."



2. In the email, you will find a link to create your account and password. Follow the link to the following screen, enter your email and click the "Send Recovery Email."



3. Follow the link in the Recovery Email to the screen shown below in order to set up your User Name and Password, then click "Submit."

Sweet Cheeks
DIAPER BANK
ESTABLISHED 1990
SERVING THE MICHIGAN AREA

Set Login/Password
Please select the account for which you would like to reset your password:

Account: Kara Test Company
Login Name:
Company Constituent User

Please enter a login name you would like to use (at least 4 characters)

Please enter a login password you would like to use (at least 8 characters, including at least one number)

Please re-enter your login password

SUBMIT

4. You will use Neon twice annually - when you complete the Partner Agreement and submit the Annual Report. If Google Forms is used for the annual report, you only need Neon once- to submit your partnership agreement.