



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		<input type="checkbox"/> Other
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:					
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:					
<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	<input type="checkbox"/> Native Pacific/ Other Native Island	<input type="checkbox"/> Other
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	<input type="checkbox"/> Native Pacific/ Other Native Island	<input type="checkbox"/> Other
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: