Project Stork, Inc. The Baby Pantry

Of Orleans and Genesee Counties

**Diaper Bank Guidelines**

Requirements & Qualifications

Parents(s)/guardian(s) must provide

* Photo identification
* Proof of WIC enrollment
* Proof you are caring for a child 3.5 years or younger (birth record, medicaid letter, etc.)
* Resident of either Genesee or Orleans County

Process

-Distribution days are the FIRST and THIRD Wednesday and Sunday of each month. Wednesday hours are from 6pm-8pm and Sunday hours are 1pm-4pm.

- Participants can benefit from services twice a month.

- Participants will receive a combinations of 20 diapers, a package of wipes, baby care supplies, and/or clothing up to 3T at each visit.

\*Parent(s)/ guardians(s) must meet recertification requirements when necessary.

**Project Stork, Inc.**

**The Baby Pantry Application**

1. Date of application: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

2. Name of person completing the application:

Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Relationship to child, please circle: Parent/guardian other

4. Child(ren):

Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/ Female Current age in months:\_\_\_\_\_\_\_\_\_\_\_

Child resides with: (include ALL family members living in household) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child(ren):

Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/ Female Current age in months:\_\_\_\_\_\_\_\_\_\_\_

Child resides with: (include ALL family members living in household) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren):

Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/ Female Current age in months:\_\_\_\_\_\_\_\_\_\_\_

Child resides with: (include ALL family members living in household) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren):

Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/ Female Current age in months:\_\_\_\_\_\_\_\_\_\_\_

Child resides with: (include ALL family members living in household) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How many people live in the household?

Adults(18+)\_\_\_\_\_\_\_\_ Children(under 5)\_\_\_\_\_\_\_ Children (over 5) \_\_\_\_\_\_\_

6. What is the annual income of your household (please circle)

Less than $15,000 $15,000-$25,000 $25,000-$48,000 $48,000 - $63,000

7. Does the child(ren) attend daycare? Yes/ No

8. Does the daycare require a supply of diapers? Yes/No

9. Does the child(ren) have health insurance? Yes/No if yes, what type of insurance?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Current DSS involvement? Yes/No

11. If yes please circle all that apply to the child(ren) if some children are covered differently, please indicate.

Temp, Assistance SNAP WIC CPS/Protection Services Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Please check all that apply:

For your children in diapers, do you ever feel that you do not have enough diapers to change them as often as you would like to? Yes/ No

If yes: What do you do when you do not have enough diapers? (select all that apply)

\_\_\_ borrow diapers

\_\_\_ get diapers from an agency

\_\_\_ change child less frequently than I want

\_\_\_ try to get child to use toilet

\_\_\_ other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us how you think this supply of diapers is MOST impacting you today (select only one)

\_\_\_ I can send my child to daycare

\_\_\_ I can attend work

\_\_\_ I can use money to pay for other expenses

\_\_\_ I can use money to pay for other debts instead of diapers

\_\_\_ I will be able to change my child as frequently as needed

Please tell us whether the following statements apply to you:

“During diaper changing, I think this supply of diapers will make me feel:”

1. Less stressed true/false/not sure
2. Less frustrated true/false/not sure
3. Less embarrassed true/false/not sure

“I think this supply of diapers will help my child:”

1. Feel more comfortable true/false/not sure
2. Cry less true/false/not sure
3. Not have a diaper rash true/false/not sure

**Agreement**:

Please read and initial

I understand that Project Stork, Inc. The Baby Pantry of Orleans and Genesee County:

-Provides donated diapers as received and cannot accommodate specific requests for styles or brands. \_\_\_\_\_\_\_\_

-As avaliable, baby wipes and other supplies also may be distributed. The diaper bank cannot make any guarantees of availability. \_\_\_\_\_\_\_\_\_\_\_

-I understand that each family is asked to sign a product liability waiver as all diapers / wipes / products are donations provided the Project Stork, Inc. The Baby Pantry. \_\_\_\_\_\_\_\_\_\_

-I understand that the diapers/ wipes/ and products received are for the sole purpose of my child in need and not to be sold or distributed to other people. \_\_\_\_\_\_\_\_

-I understand that the services are for Orleans and Genesee County residents only. I agree to show proof of residency upon pick up. I agree to show birth certificates of the child/children. \_\_\_\_\_\_\_

**Certification Statement**

\*This certification form is being completed in connection with the receipt of Project Stork, Inc. The Baby Pantry. Program officials may verify information on this form. I am aware that I may not receive The Baby Pantry benefits more than twelve times a year. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

Please indicate by initialing \_\_\_\_\_\_\_

\*I authorize the release of information provided on this application form to other organizations administering assistant programs for use in determining eligibility for participation and other public assistance programs and for program outreach purposes.

Please indicate decision by initialing \_\_\_\_\_\_\_

\*I release Project Stork, Inc. The Baby Pantry, it's administrative agency, its officers, employees, and volunteers from any liability resulting from Project Stork, Inc. The Baby Pantry distribution and agree to hold them harmless against all liabilities, damages, losses, claims, causes of action and suits of law or inequity or obligation whatsoever arising out of or attributed to any actions during the implementation of the above services.

Please indicate decision by initialing \_\_\_\_\_\_\_\_

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| --- | --- |
|  |  |
| Client’s Signature and Date | The Baby Pantry Signature |