



CATHOLIC CHARITIES

Diocese of Wilmington

DIAPER BANK GUIDELINES

REQUIREMENTS

Parent[s]/guardian[s] must provide

- Photo Identification
- Proof of Income
- Proof you are caring for a child 3 years of age or younger [birth record, Medicaid letter, etc.]

Parent[s]/guardian[s] must meet established financial guidelines. Qualification for WIC, for example, will qualify for Diaper Bank membership.

Parent[s]/guardian[s] must be a Delaware resident.

The child is 3 years of age or younger.

PROCESS

Distribution days are Monday through Thursday, from 10 a.m. until 1 p.m.

Parent[s]/guardian[s] must call Bayard House at 302-654-1184 and make an appointment for distribution pickup.

Ask for Seretha Todd.

Parent[s]/guardian[s] cannot miss more than 2 consecutive distributions without notification.

Participants can receive distributions up to 6 times each year [July 1 to June 30].

Participants will receive 30 diapers and 1 pack of wipes at each distribution.

Participants requesting pull-ups will receive 20 pull-ups and 1 pack of wipes at each distribution.

Parent[s]/guardian[s] must meet recertification requirements when necessary.

Families are required to notify us if any of the criteria which qualified them for the program change. Failure to do so will result in immediate removal from the program.



CATHOLIC CHARITIES
Diocese of Wilmington

CATHOLIC CHARITIES, INC.

Diaper Bank Application

DATE: _____

LOCATION: Bayard House

MUST ATTACH PROOF OF INCOME TO THIS FORM

Zero Income Declaration must be completed for any person(s) living within the household age 18 and over that has NO INCOME.

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Marital Status? Single Single Parent Married Divorced Widow

EMAIL: _____

LEAVE BLANK—Total Household Amount & Source of Income—LEAVE BLANK

Total Household Income\$ _____

Source of Income: Disability Pension Social Security Unemployment
 SNAP SSI TANF Employment Alimony

RACIAL/ETHNIC PARTICIPATION DATA

1. Are you Hispanic or Latino? [Check only one] Yes No
2. What is your race? [Check all that apply] American Indian or Alaska Native Asian
 Caucasian Black or African American Native Hawaiian or Other Pacific Islander
3. Are you an active member of the Military or a Veteran? Yes No

Names of those living in household. Include self, immediate family, relatives, friends, and non-married partners:

Name	Relationship	Date of Birth	Age	Gender	Social Security #
	Self				

ZERO INCOME DECLARATION

I certify that I and/or the following individuals residing in my household (18 and older) are not employed and have not received any income from any source for the stated time period:

NAME	AGE	RELATIONSHIP	TIME PERIOD	REASON
1.				
2.				
3.				

INCOME DECLARATION – NO DOCUMENTATION AVAILABLE

I certify that I have **NOT** been formally employed since _____ (Month/Date/Year)

However, I have received cash income in the past _____ (# of weeks) from the following work for which I have no documentation:

TYPE OF WORK	# OF WEEKS WORKED	EMPLOYER	AMOUNTS EARNED (Gross)
			\$
			\$

CERTIFICATION STATEMENT

This certification form is being completed in connection with the receipt of CATHOLIC CHARITIES DIAPER BANK assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive DIAPER BANK benefits more than six times per 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.

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

PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX: YES NO

I release the DIAPER BANK of CATHOLIC CHARITIES, INC., its administrating agency, its officers, employees, and volunteers from any liability resulting from the DIAPER BANK 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 DIAPER BANK.

PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX: YES NO

<p style="font-size: 2em; margin: 0;">X</p> <hr/> <p style="text-align: center; font-weight: bold; margin: 0;">Diaper Bank Member's Signature and Date</p> <hr/> <p style="text-align: center; font-weight: bold; margin: 0;">6 Month Verification and Date</p>	<hr/> <p style="font-weight: bold; margin: 0;">Catholic Charities Staff & Date</p>
---	--



CATHOLIC CHARITIES
Diocese of Wilmington

DIAPER BANK REGISTRY

Name: _____ Address: _____

Referral Source: _____ Phone: _____

DATE	# ITEMS RECEIVED - DIAPERS/SIZE	CHILD NAME/AGE	SIGNATURE



WELCOME TO CATHOLIC CHARITIES DIAPER BANK!

We welcome you to the Diaper Bank, and hope our service helps you care for your baby.

We'd like to get to know you a little better, and discover if there are other ways we can help you and your family.

Let us know if you can benefit from the following:

FINANCIAL COACHING ACTIVITIES

- building a working budget
- sticking to a budget
- spending wisely
- navigating a financial crisis
- paying down debt
- reaching a financial goal

CASE MANAGEMENT SERVICES

- working with you to identify your goals
- identifying appropriate services to meet your goals
- coordinating delivery of services
- monitoring and evaluating your success

ENERGY ASSISTANCE

- provides a one-time benefit to help you pay for energy use during the winter months

FOOD ASSISTANCE

- provides a monthly source of nutritious food
- provides recipes, shopping tips, and nutrition education

BEHAVIORAL HEALTH COUNSELING

- helps you or a loved one learn how to deal with life stressors that create depression or anxiety
- helps you or a loved one deal with a mental illness, including medication when appropriate
- helps you or a loved one stay in recovery from alcohol or other substances
- helps you or a loved one learn how to deal appropriately with anger issues
- helps you or a loved one learn how to live in an intimate relationship without violence

PREGNANCY COUNSELING

- helps you to make thoughtful decisions about an unexpected pregnancy

THRIFT SERVICES

- provides a low-cost resource for clothing, furniture, household goods

Please let the person conducting your intake know if you want more information about any of these services. We are here to help you become self-sufficient.