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.

revised 2016-06
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
<th>Social Security #</th>
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<tbody>
<tr>
<td>Self</td>
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**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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>TIME PERIOD</th>
<th>REASON</th>
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**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:

<table>
<thead>
<tr>
<th>TYPE OF WORK</th>
<th># OF WEEKS WORKED</th>
<th>EMPLOYER</th>
<th>AMOUNTS EARNED (Gross)</th>
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**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 administering 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

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**Diaper Bank Member’s Signature and Date**

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**6 Month Verification and Date**

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Catholic Charities Staff & Date
## Diaper Bank Registry

**Name:** ______________________________  **Address:** ________________________________________________

**Referral Source:** ________________________________________________  **Phone:** ________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th># Items Received - Diapers/Size</th>
<th>Child Name/Age</th>
<th>Signature</th>
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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.