

Clear Charity's Close the #DiaperGap Application

Please answer all questions & fields

We require WIC folder & ID for all new application. Incomplete Applications Will Not Be Accepted

Low-income families in America spend **twice as much** as some families that have access to bulk-buying options for diapers.

Let's make diapers more accessible and affordable for everyone.

Wh.gov/DiaperGap



Nearly **1 in 3 American families struggle to afford enough diapers**, which can lead to serious health problems for both babies and parents.

Let's make diapers more accessible and affordable for everyone.

Wh.gov/DiaperGap



Applicant Information and Agreement

Date of Application: _____

Name: (PRINT CLEARLY PLEASE)

Last

First

Middle Initial

Email Address: _____

Signature: _____

Spouse/Family/Caregiver who's authorized to see this application & get diapers on your behalf: (Max 1 person)

Relationship to child (please circle):

Parent/Guardian Case worker Social Worker DSS liaison Community Organization Rep. Other

WIC number + Government issued ID (Verified by: _____)

I understand that the subsidized diapers are provided by donation and cannot accommodate specific requests for styles or brands. As available, baby wipes may also be available. We cannot make any guarantees of availability.

I do.

I understand that each family is asked to sign a product liability waiver as Clear Charity's distribution to families in need of diapers and does not take on any responsibility or liability whatsoever for products it is distributing/selling.

I do.

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

I do.

I understand that the service is for local residents only. I agree to show proof of residency upon pick up. I agree to show birth certificates.

I do.

Please note: There is a limit of quantity of diapers you can get per child.

At its discretion and upon request, Clear Charity may use the information provided for statistical purposes and may share the provided information with the Department of Social Services and other governmental and non-governmental organizations.

How many people in the household?

Adults (18+) _____ Children (5 & under) _____ Children (over 5) _____

What is the annual income for your household (please circle one)

NOTE: Income level for information only. It will NOT disqualify you.

Less than \$15000 \$15001 - \$25,000 \$25,001-48,000 \$48,001-74,000 More than \$74,000

Does the child attend childcare? Yes / No

Does the childcare require a supply of diapers? Yes / No

Parent/Guardian has Health Insurance? Yes / No

If yes, what type of insurance? Private _____ Child Health Plus _____ Other (name) _____

Child has Health Insurance? Yes / No

If yes, what type of insurance? Private _____ Child Health Plus _____ Other (name) _____

Current DSS Involvement (please circle): Yes / No If yes (please circle all that apply to child)

Temp. Assistance SNAP WIC CPS/Protection services Other Services _____

Additional Questions

1. 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? _____ Yes (Sometimes / Maybe) _____ No

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

- I can send my child to daycare
- I can use money to pay for other expenses (food, rent, utilities, etc.) instead of diapers
- I can use money to pay for other debts instead diapers
- I will be able to change my child as frequently as needed
- I can attend work
- Other _____

3. Please tell us whether the following statement is true for you. "Without this supply of diapers today, I would have to choose between buying diapers versus other necessities because I couldn't afford to do both."

True / False

4. How much do you typically pay for diapers? (Price you recently paid or average and for how many in a pack)

5. How did you hear about us / our program?

Child Receiving Diapers

[1] Child's Name: _____
Last First Middle Initial

Full Address: _____

Date of Birth: _____

Parent/Guardian contact name and phone number (print clearly):

Contact email:

Race (please circle): Black (not Hispanic origin) / Hispanic / White (not Hispanic origin) / Asian / Native American or Alaskan / Other

Child lives with (Circle all that apply): Mother / Father / Grandparent / Foster Parent / Other relative / Guardian

Diaper Size (see order chart below): _____

Gender: Male / Female

[2] Child's Name: _____
Last First Middle Initial

Full Address: _____
(if different than 1st child)

Date of Birth: _____

Parent/Guardian contact name and phone number (print clearly):

Contact email:

Race (please circle): Black (not Hispanic origin) / Hispanic / White (not Hispanic origin) / Asian / Native American or Alaskan / Other

Child lives with (Circle all that apply): Mother / Father / Grandparent / Foster Parent / Other relative / Guardian

Diaper Size (see order chart below): _____

Gender: Male / Female

** If more than two children needing help, please write their information in below space*

Please bring completed application along with required document during our #DiaperHour. Thank you.