



**Quarterly Agency Report**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Total Number of Families Who Have Received Diaper this Quarter: \_\_\_\_\_

Total Number of Children Who Have Received Diapers this Quarter: \_\_\_\_\_

Total number of Diapers Distributed this Quarter: \_\_\_\_\_

<b>Newborn:</b> _____	<b>Size 1:</b> _____	<b>Size 1/2:</b> _____
<b>Size 2:</b> _____	<b>Size 5:</b> _____	<b>Medium:</b> _____
<b>Size 3:</b> _____	<b>Size 6:</b> _____	<b>Large:</b> _____
<b>Size 4:</b> _____	<b>Pull-up:</b> _____	<b>XLarge:</b> _____
<b>Other:</b> _____		

Do clients request other hygiene products? yes/no If yes, which items are requested?

\_\_\_\_\_

Were you able to meet the need for diapers for all clients requesting diapers? yes / no  
If no, why not?

\_\_\_\_\_

In what towns do your clients live? \_\_\_\_\_

\_\_\_\_\_

What percentage lives in each town? \_\_\_\_\_

Do clients indicate that getting diapers helps them? \_\_\_\_\_

If so, in what way does it help them? \_\_\_\_\_



**Client Application**

**Child Receiving Diapers**

Child's Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Address Apt. #/Unit #*

\_\_\_\_\_ *City State Zip Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_

**Family Information**

Does this child receive diapers from any other agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what agency? \_\_\_\_\_

Sources of family income: TANF  Food Stamps  Child Support  Employment

**Name 2 Adults who can Pick up Diapers for this Child**

Full Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Address Apt. #/Unit #*

\_\_\_\_\_ *City State Zip Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Address Apt. #/Unit #*

\_\_\_\_\_ *City State Zip Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

I certify that the information given on this application is accurate to the best of my knowledge. I certify that the diapers I receive will be solely for the use of the child named above

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_