

## FULL TUM, DRY BUM APPLICATION

Diapers and formula are available to Henderson County families once per month. At each visit, each child will receive two bundles of diapers and one can of formula. Diapers can be picked up on Fridays between the hours of 9:00am-3:00pm. **All pick-ups must be made by appointment.**



*Please fill out the info below so we can best assist your family.*

### **Contact Information**

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

Employer: \_\_\_\_\_

### **Diaper Request(s)**

*I am requesting diaper assistance for:*

1) **Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Current Diaper/Pull-up Size: \_\_\_\_\_ Formula (Brand/specific dietary need): \_\_\_\_\_

2) **Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Current Diaper/Pull-up Size: \_\_\_\_\_ Formula (Brand/specific dietary need): \_\_\_\_\_

3) **Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Current Diaper/Pull-up Size: \_\_\_\_\_ Formula (Brand/specific dietary need): \_\_\_\_\_

4) **Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Current Diaper/Pull-up Size: \_\_\_\_\_ Formula (Brand/specific dietary need): \_\_\_\_\_

5) **Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Current Diaper/Pull-up Size: \_\_\_\_\_ Formula (Brand/specific dietary need): \_\_\_\_\_

*If you require more slots, please request a second application*

### **What is your role in the life/lives of children listed below?**

- Parent or primary care giver
- Grandparent
- Family Member or Family Friend
- Family Social Worker, School Representative, or Other Service Provider

Please specify service provider: \_\_\_\_\_

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**Do you have any barriers that would hinder your ability to access to diaper pick-up during the specified window?**

- I do not have access to transportation  I am working during the pick-up window
- I am unable to make my appointments online and will need to schedule over the phone
- Other barrier(s) please specify: \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_

The Children and Family Resource Center provides programming for children and caregivers of all ages and stages. We would love to connect your family with programs that suit your needs. If you are interested in receiving more information about our programs, please fill out the following:

- Yes, I would like more information about programs at the CFRC (see back page).
- No, I am not interested in more information about programs.

Ages of children in your household: \_\_\_\_\_

Specific needs, topics, or parenting support you are interested in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Contact (Please select the best option):

Phone Call: \_\_\_\_\_  Email: \_\_\_\_\_

**What is your racial and/or ethnic identification? Please mark all that apply.**

- Black, Afro-Caribbean, or African American
- Caucasian, Non-Hispanic White or Euro-American
- East Asian or Asian American
- Latinx or Hispanic American
- Middle Eastern or Arab American
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- South Asian or Indian American
- Other: \_\_\_\_\_

**What is your gender identity?**

- Female
- Male
- Non-binary/third gender
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to say