IHSP-Diaper Bank of NECT Application

Primary Location: 51 Grove St., Putnam, CT 06260; Tel. 860-928-0169
Towns of Ashford, Eastford and Chaplin
Contact: Melissa McDonough at 860-487-4417
Email: mmcdonough@ashfordct.org

Child Information

Current Size:_____

Child's Name:_____
Last First Middle

Date of Birth:_____ Gender: □ Female □ Male

Child Lives With: □ Mother □ Father □ Grandparent □ Foster Parent □ Other Relative

Child Ethnicity: □ Black/African American □ Hispanic/Latino □ White/Caucasian
□ Asian □ American Indian □ Other

Family Information

Does this child have an I.E.P. or I.F.S.P.? _____Yes _____No

Does this child receive prescription assistance for diapers? _____Yes _____No

Does this child have any allergies related to diapering? _____Yes _____No

Sources of family income: □ Husky A/B □ Food Stamps □ Child Support □ TANF
□ School Meals □ LIA [aka SAGA] □ SSI or SSDI □ Employment_____ Income Verification
□ WIC

Name 2 Adults who can pick up Diapers for this Child

Adult No 1: Must be primary caretaker of this Child

Full Name:_____Relationship:_____
Last First Middle to child

Address_____Zip Code_____

Does the child reside with you? □ Yes □ No email:_____

Signature of Primary Caretaker: _____Date:_____

Adult No. 2: Person authorized by primary caretaker

Full Name:_____Relationship:_____
Last First Middle to child

By signing this application, I am certifying the information is correct to the best of my knowledge and I understand the following:

1. The IHSP-Diaper Bank of NECT collects data to prevent duplication of services and for use for grant writing purposes. Data collected will only be used for these purposes.
2. At the present time, a child can no longer receive diapers at the end of their fourth year unless they have special needs.
3. We do not provide pull ups or training pants.
4. These diapers will ONLY be used for the child listed on this application. **They may not be sold, traded, or given away.**
5. If you try to secure diapers from more than one of our Diaper Bank Partner Agencies in any given month, or violate any other terms of the program listed above, your child may be removed from the program

Agency Referral

Referred by what Agency:_____

Authorized Signature: _____ Date: _____