



# SUPPLEMENTAL DIAPER BANK CLIENT REFERRAL FORM

CCCC offers Diaper Bank services to residents of Union County. The program supplements monthly diaper needs for a period up to three months with a referral needed for each month. The referral form must be filled out by a Case Manager from a referring organization.

Forms and Questions can be submitted: [diapers@cccunion.org](mailto:diapers@cccunion.org) or  
by mail to 2 City Hall Plaza 3rd floor Rahway NJ 07065

Referring Organization: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

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

**CCCC donation-based Diaper Bank will distribute diapers to supplement a family needs once a month contingent upon availability. The referring organization must complete the entire form. A CCCC staff member will contact the parent when the diapers are ready for pick up.**

**EACH MONTH** a new referral form is required to be completed by the Referring Organization.

CCCC receives donations of diapers and baby supplies from organizations, businesses and individuals. CCCC is not responsible for any liability, loss, damages or expenses in connection with the use or handling of the diapers or baby supplies. It is the responsibility of the recipient to inspect the diapers and baby supplies.

Parent/Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Prefer to pick up time: ☐ 10:00 AM ☐ 12:00 PM ☐ 3:00 PM ☐ 4:00 PM

Number of children in diapers: \_\_\_\_\_

Birthdate(s) of child(ren) needing diapers: \_\_\_\_\_

Diaper size(s) needed: ☐ Newborn ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Training Pants: ☐ 2T - 3T ☐ 3T - 4T ☐ 4T - 5T

## CCCC Staff use only:

Date Referral Received: \_\_\_\_\_ Next Eligible Date: \_\_\_\_\_

Diaper Size and Quantity: \_\_\_\_\_ Wipe Quantity: \_\_\_\_\_

Other: \_\_\_\_\_

Date Picked up: \_\_\_\_\_ Staff Name: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_