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 referring organization.

Forms and Questions can be submitted: diapers@ccccunion.org or
by mail to 2 City Hall Plaza 3rd floor Rahway NJ 07065

Date:_____

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: _____

What is your relationship to the Child(ren)? _____ # of individuals living in the household_____

Address: _____

Phone Number: _____Email Address: _____

Spoken language:_____

If CCCC did not provide items to the Union County Community what other resources/organization would you use_____

Do you have a disability? ☐ Yes No☐

Would you be interested in opportunities to receive education on safe sleep habits?_____

Are you a current or former member of the military? ☐ Yes No ☐

What other topics related to maternal or child health would you be interested in receiving education about?_____

What ethnicity do you identify as_____

What Items do you need that we don't carry?_____

Do you receive baby essentials from other organizations currently or have you in the past? If so please list_____

Number of children in diapers: _____

Gender of children _____

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

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Parent Signature: _____

Print Name: _____

CCCC Staff use only:

Date Referral Received: _____

Diaper Size and Quantity: _____ Wipe Quantity: _____

Other: _____

Date Picked up: _____ Staff Name: _____

Jan_____	Apr_____	Jul_____	Oct_____
Feb_____	May_____	Aug_____	Nov_____
Mar_____	Jun_____	Sep_____	Dec_____