**CLIENT FORM**

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| Distribution amounts are contingent upon availability |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Language: English\_\_\_\_\_\_\_\_\_ Spanish \_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity:**

\_\_\_\_\_Black or African American

\_\_\_\_\_American Indian or Alaska Native

\_\_\_\_\_Asian and Native Hawaiian

\_\_\_\_\_Hispanic or Latino

\_\_\_\_\_Native Hawaiian or Other Pacific Islander

\_\_\_\_\_White

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

Diaper sizes needed: Newborn 1 2 3 4 5 6 7

Training Pants: 2T – 3T 3T-4T 4T – 5T

**Eligibility Requirements:**

\_\_\_\_\_\_\_\_\_\_\_County you reside in (Crook, Deschutes, or Jefferson)

\_\_\_\_\_\_\_\_\_\_\_Child or children living in foster care

\_\_\_\_\_\_\_\_\_\_\_Receives Supplemental Nutrition Assistance Program (SNAP)

\_\_\_\_\_\_\_\_\_\_\_Receives cash assistance Temporary Assistance to Needy Families (TANF)

\_\_\_\_\_\_\_\_\_\_\_Parents or caregiver receives Supplemental Security Income (SSI or SSDI)

\_\_\_\_\_\_\_\_\_\_\_Child has disabilities and qualifies for Early Childhood Special Education

\_\_\_\_\_\_\_\_\_\_\_Family is Houseless

\_\_\_\_\_\_\_\_\_\_\_Monthly income amount

\_\_\_\_\_\_\_\_\_\_\_Pregnant women

**Copies of appropriate cards, paystubs and other documents verified: \_\_\_\_\_\_\_\_\_\_**