

Distribution Date: _____

The Anglican Parish of Christ the Redeemer Diaper Pantry

Please fill out the information below. We ask these questions so we can keep accurate records when applying for grants and more diapers to help you!

First name _____ Last name _____

Address

Street: _____

City: _____

Zip/State: _____

Phone number: (____) ____ - _____ Alternate number: (____) ____ - _____

Do you qualify for WIC? ____ No ____ Yes

Do you qualify for SNAP? ____ No ____ Yes

Birth Certificate ____ No ____ Yes

Would you be interested in receiving information about cloth diapers? ____ No ____ Yes

Please provide the names, ages, and diaper sizes of children receiving diapers today.

Name: _____ Age: _____ Size: _____

Name: _____ Age: _____ Size: _____

Name: _____ Age: _____ Size: _____

Name: _____ Age: _____ Size: _____

If you need more room, please add on the back.

Signature of Parent (ID provided)

Date

To be filled out by Church.

Distribution Date: _____

ID provided: ____ Yes ____ No

WIC or SNAP Shown: ____ Yes ____ No (Please circle what was shown)

Birth Certificate shown: ____ Yes ____ No

ID shown: ____ Yes ____ No

Church Volunteer Name: _____

Diaper Distribution Information:

Please write the size and amount given to recipient.

Diapers

Size: _____ Amount: _____

Size: _____ Amount: _____

Size: _____ Amount: _____

Size: _____ Amount: _____

Wipes:

Amount: _____ packs

Diaper Cream:

Brand _____ Amount: _____