



CATHOLIC CHARITIES

Diocese of Wilmington

DIAPER BANK GUIDELINES

REQUIREMENTS

Parent[s]/guardian[s] must provide

- Photo Identification
- Proof of Income
- Proof you are caring for a child [birth record, Medicaid letter, etc.]

Parent[s]/guardian[s] must meet established financial guidelines. Qualification for WIC, for example, will qualify for Diaper Bank membership.

Parent[s]/guardian[s] must be a Delaware resident.

PROCESS

Distribution days are Monday through Friday, from 9 a.m. until 4 p.m.

Participants can receive distributions up to 1 time per month.

Participants will receive 1 pack of diapers and 1 pack of wipes at each distribution.

Participants requesting pull-ups will receive 1 pack of pull-ups and 1 pack of wipes at each distribution.

Parent[s]/guardian[s] must meet recertification requirements when necessary.

Families are required to notify us if any of the criteria which qualified them for the program change. Failure to do so will result in immediate removal from the program.



CATHOLIC CHARITIES
Diocese of Wilmington

CATHOLIC CHARITIES, INC.

Diaper Bank Application

DATE: _____

LOCATION: Wilmington Office

MUST ATTACH PROOF OF INCOME TO THIS FORM

Zero Income Declaration must be completed for any person(s) living within the household age 18 and over that has NO INCOME.

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Marital Status? Single Single Parent Married Divorced Widow

EMAIL: _____

LEAVE BLANK—Total Household Amount & Source of Income—LEAVE BLANK

Total Household Income\$ _____

Source of Income: Disability Pension Social Security Unemployment
 SNAP SSI TANF Employment Alimony

RACIAL/ETHNIC PARTICIPATION DATA

- Are you Hispanic or Latino? [Check only one] Yes No
- What is your race? [Check all that apply] American Indian or Alaska Native Asian
 Caucasian Black or African American Native Hawaiian or Other Pacific Islander
- Are you an active member of the Military or a Veteran? Yes No

Names of those living in household. Include self, immediate family, relatives, friends, and non-married partners:

Name	Relationship	Date of Birth	Age	Gender	Social Security #
	Self				

ZERO INCOME DECLARATION

I certify that I and/or the following individuals residing in my household (18 and older) are not employed and have not received any income from any source for the stated time period:

NAME	AGE	RELATIONSHIP	TIME PERIOD	REASON
1.				
2.				
3.				

INCOME DECLARATION – NO DOCUMENTATION AVAILABLE

I certify that I have **NOT** been formally employed since _____ (Month/Date/Year)

However, I have received cash income in the past _____ (# of weeks) from the following work for which I have no documentation:

TYPE OF WORK	# OF WEEKS WORKED	EMPLOYER	AMOUNTS EARNED (Gross)
			\$
			\$

CERTIFICATION STATEMENT

This certification form is being completed in connection with the receipt of CATHOLIC CHARITIES DIAPER BANK assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive DIAPER BANK benefits more than six times per year. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance program for use in determining eligibility for participation in other public assistance programs and for program outreach purposes.

PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX: YES NO

I release the DIAPER BANK of CATHOLIC CHARITIES, INC., its administrating agency, its officers, employees, and volunteers from any liability resulting from the DIAPER BANK distribution and agree to hold them harmless against all liabilities, damages, losses, claims, causes of action and suits of law or inequity or obligation whatsoever arising out of or attributed to any actions during the implementation of the DIAPER BANK.

PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX: YES NO

<p>X</p> <hr/> <p align="center">Diaper Bank Member’s Signature and Date</p> <hr/> <p align="center">6 Month Verification and Date</p>	<hr/> <p>Catholic Charities Staff & Date</p>
--	---