



Rubber Ducky Diaper Depot Application

Please answer all questions in print - incomplete or illegible applications will not be processed. You will be required to show proof of income and proof of residency. At its discretion and upon request, the Diaper Depot may use the information provided for statistical purposes.

Applicant's Information:

Last Name: _____
 First Name: _____
 Street Address: _____
 City: _____ Zip Code: _____
 Phone Number: _____
 Email: _____
 Date of Birth: _____

Gender: Male Female Prefer not to answer

Race: Black (*non-Hispanic*) Hispanic Asian

White (*non-Hispanic*) Other

Primary Language: English Spanish Other

Education: Grades 0-8 Grades 9-12 (*non-graduate*)

High School Graduate/ GED/ Equivalency Diploma 12th Grade+ Some Post Secondary

2-4 Years College Graduate Graduate or other Post-Secondary School

Do you currently work for pay?

Yes No Prefer not to say

Over the next 6 months, do you plan to look for paid work?

(skip if you currently work)

Yes No Not sure Prefer not to answer

Relationship to child(ren):

Mother Grandparent(s) Guardian

Father Foster Parent(s)

Are you currently receiving diapers from another program or agency?

Yes No

Other services/agencies you currently work with:

<input type="checkbox"/> WIC	<input type="checkbox"/> Hope House	<input type="checkbox"/> Human Services/ CPS
<input type="checkbox"/> CLTS	<input type="checkbox"/> InCourage	<input type="checkbox"/> AODA/Recovery
<input type="checkbox"/> Birth-3	<input type="checkbox"/> The Crossing	<input type="checkbox"/> Salvation Army
<input type="checkbox"/> W2/FSET	<input type="checkbox"/> Head Start	<input type="checkbox"/> Other

Child's Information:

Last Name: _____
 First Name: _____
 Street Address: _____
 City: _____ Zip Code: _____
 Date of Birth: _____

Gender: Male Female Prefer not to answer

Race: Black (*non-Hispanic*) Hispanic Asian

White (*non-Hispanic*) Other

Child(ren) lives with:

Mother Grandparent(s) Guardian

Father Foster Parent(s)

Child care: (*This could include a babysitter, a relative, or a day care*)

Yes No Prefer not to answer

Head Start or Early Head Start?

Yes Enrolled in next school year

No Prefer not to answer

Public pre-kindergarten?

Yes Enrolled in next school year Don't know

No Prefer not to answer

Do you have regular care for all of your children so you can go to work or school?

Yes No N/A Prefer not to answer

Is it currently a challenge to get all of the diapers your child(ren) need?

Yes No N/A Prefer not to answer

In the past 30 days, did your child(ren) have a diaper rash/infection lasting at least 5 days?

Yes No Don't know Prefer not to answer

Proof of Residency (please select) *(Please attach proof of residency to this application)*

Driver's License Utility/ Internet Bill Cell Phone Bill Lease/ Mortgage Other

Single parent household? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many adults live in the household? <i>(Anyone 18 years of age and older) :</i>
How many children live in the household? <i>(Anyone under the age of 18) :</i>
Receiving child support? <input type="checkbox"/> Yes <input type="checkbox"/> No

Annual Income: *(please attach proof of income; this can include a pay sub, proof of WIC or Foodshare —if there is no income, an additional form stating that will be provided)*

Household Income			
<input type="checkbox"/> Below \$30,120	<input type="checkbox"/> Above \$30,120	<input type="checkbox"/> Below \$73,160	<input type="checkbox"/> Above \$73,160
<input type="checkbox"/> Below \$40,880	<input type="checkbox"/> Above \$40,880	<input type="checkbox"/> Below \$83,920	<input type="checkbox"/> Above \$83,920
<input type="checkbox"/> Below \$51,640	<input type="checkbox"/> Above \$51,640	<input type="checkbox"/> Below \$94,680	<input type="checkbox"/> Above \$94,680
<input type="checkbox"/> Below \$62,400	<input type="checkbox"/> Above \$62,400	<input type="checkbox"/> Below \$105,440	<input type="checkbox"/> Above \$105,440

Child's Weight	Diaper Size	Select one size per child	Child's Name
<10lbs	Newborn	<input type="checkbox"/>	
8-14lbs	Size 1	<input type="checkbox"/>	
12-18lbs	Size 2	<input type="checkbox"/>	
16-28lbs	Size 3	<input type="checkbox"/>	
22-37lbs	Size 4	<input type="checkbox"/>	
27+	Size 5	<input type="checkbox"/>	
35+	Size 6	<input type="checkbox"/>	
41+	Size 7	<input type="checkbox"/>	

OR

Pull- Up Size	Select one size per child	Child's Name
Medium 2T/3T	<input type="checkbox"/>	
Large 3T/4T	<input type="checkbox"/>	
X-Large 4T/5T	<input type="checkbox"/>	

Wipes Needed: Yes No

Agreement (please initial)

____ I understand that the Lakeshore CAP Rubber Ducky Diaper Depot program cannot accommodate specific requests for styles or brands and cannot make any guarantees of availability.

____ I understand that the items received are for the sole purpose of my child(ren) in need and not to be sold or distributed to other people.

____ I understand that the service is for Door, Kewaunee, Manitowoc and Sheboygan County residents only and income based. I agree to provide proof of residency and income upon request.

____ I allow Lakeshore CAP staff to contact other programs I am currently receiving services from to assist in coordinating diapering needs of my child(ren). ****This only covers discussion relating to diapers/wipes.***

<u>Signature of Applicant:</u>	<u>Date:</u>
<u>Signature of Lakeshore CAP staff:</u>	<u>Date:</u>

Submit this completed application, proof of residency, and income by:

Email: lizc@lakeshorecap.org; **Picture message:** (920) 323-9512; OR
Mail to: Lakeshore CAP ATTN: Liz, PO BOX 2315, Manitowoc, WI 54221-2315

