



**LANNIE'S NEIGHBORHOOD (DIAPER BANK)
REGISTRATION FORM**

Email: lnbdfax@gmail.com / Fax: 617.539.8329 / Mail: P.O. Box 51877 Boston, Ma 02205

Today's date: _____ Referring Agency: _____

CLIENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Marital status (circle one) _____ Single / Married / Divorce / Separated / Widow

Age: _____ Sex: M / F

Street address: _____ Home Phone No.: _____ Cell Phone No.: _____

_____ Email: _____

City: _____ State: _____ ZIP Code: _____

EMPLOYMENT INFORMATION

Occupation: _____ Employer: _____

Family Monthly Income Before Taxes: \$ _____ Pay Schedule: Weekly / Biweekly / Monthly

Family household size: _____

FAMILY INFORMATION

(List all children eligible for diapers 3 years of age and under)

Child's Name _____

Child's Birth Date: _____ Child's Sex: M / F

Child's Current Weight: _____ Diaper Size: _____

Child's Name: _____

Child's Birth Date: _____ Child's Sex: M / F

Child's Current Weight: _____ Diaper Size: _____

ARE YOU RECEIVING ANY OF THE FOLLOWING BENEFITS?

WIC: YES NO Housing Assistance: YES NO SSI: YES NO

Food Stamps: YES NO Daycare Voucher: YES NO

TAFDC Cash Assistance: YES NO Maternity Leave: YES NO
**Expected date to return to work: _____

I acknowledge that the above information is true and complete to the best of my knowledge. I understand that this program provides free diapers to families who are income eligible and any false information will cause termination from the program. I agree to notify the referral agency and / or Lannie's Neighborhood (the Organization) if any of this information changes at any time. I agree that the referring agency and/or the organization may verify the accuracy of the information provided here.

Patient/Guardian signature _____ Date _____

Patient/Guardian signature _____ Date _____



QUALIFICATION VERIFICATION DOCUMENTATION

Documentation required for registration into the program:

Completed Applications can be emailed, faxed or sent via postal service:

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- Completed application
- Paystub (2 current)
- Proof of residency (e.g utility bill)
- Child (ren) Birth Records
- Agency referral (if applicable)

PROGRAM MEDIA DISCLAIMER

As part of this diaper program we seek free diapers and cash donations to distribute to the families that participate in this program. As a result we will be promoting our diaper drives, giveaways, diaper disbursements to programs and individuals accepted into the program on our website, social media sites and any program literature used to inform and seek donations for this program.

Photos and articles are the means of advertisement used by this program. No personal information will be publically disclosed.

Patient/Guardian signature:

Date:

Patient/Guardian signature:

Date:



Program Staff Only:

<u>Referring Agency Staff:</u>	
<i>Referred By:</i>	<i>Phone Number:</i>
<i>Application Date:</i>	<i>Fax Number:</i>

<u>Lannie's Neighborhood Staff:</u>	
<i>Referred By:</i>	<i>Phone Number:</i>
<i>Application Date:</i>	<i>Waiting List:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Date Received:</i>	
<i>Date Contacted:</i>	

Notes:

****What else would you like us to consider?**