

**Child Information**

CHILD First Name		CHILD Last Name	
PARENT/Guardian First Name		PARENT/Guardian Last Name	
ALTERNATE Pickup Person		CHILD Date of Birth MM / DD / YYYY	
CHILD Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Zip Code	County <input type="checkbox"/> Jackson (MO) <input type="checkbox"/> Clay (MO) <input type="checkbox"/> Platte (MO) <input type="checkbox"/> Cass (MO) <input type="checkbox"/> Wyandotte (KS) <input type="checkbox"/> Johnson (KS)	
Email		Home Phone	Mobile Phone
CHILD lives with (Check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other relative			
CHILD Race (check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Pacific/Other Native Island <input type="checkbox"/> American Indian <input type="checkbox"/> Other			

**Family Information**

How many people live in the home?	ADULTS (18+)	CHILDREN 5-17 years	CHILDREN UNDER 5 years
Sources of Income (check all that apply)	<input type="checkbox"/> SSI <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Subsidized Housing (Section 8 or HUD) <input type="checkbox"/> Unsubsidized Housing (Affordable/Discounted)		
Are you currently employed? <input type="checkbox"/> Yes <b>If yes,</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part Time Monthly take home pay \$ _____ <input type="checkbox"/> No	Are any other adults in your household employed? <input type="checkbox"/> Yes <b>If yes,</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part Time Monthly take home pay \$ _____ <input type="checkbox"/> No		
What is your mode of Transportation? <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Ride Share <input type="checkbox"/> Public Transportation <input type="checkbox"/> No Transportation			
PARENT Health Insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Uninsured	CHILD Health Insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Uninsured	How did you find out about HappyBottoms? <input type="checkbox"/> Facebook/Instagram <input type="checkbox"/> HappyBottoms Website <input type="checkbox"/> Family/Friend <input type="checkbox"/> Social/CaseWorker <input type="checkbox"/> Hospital _____ <input type="checkbox"/> Other	

**Acceptance of Service Terms and Certification**

*By signing this application, I am certifying the information on this application is correct to the best of my knowledge, and I understand the following:*

- HappyBottoms requires that this agency collects data to prevent duplication of services and for use for grant writing purposes. Data will ONLY be used by HappyBottoms and its partners for these purposes.
- The HappyBottoms program has a three year limit for receiving diapers starting with the first time my child gets diapers, and my child can no longer receive diapers after their fourth birthday, even if they have not reached the 3 year time limit.
- My child may only receive pull-ups/training pants 6 times while enrolled in the program.
- I will use these diapers ONLY for the child listed on the application, and I MAY NOT SELL, TRADE, OR GIVE AWAY THESE DIAPERS.
- I may only receive 50 diapers or 30 training pants per child per month from any HappyBottoms agency.
- If I get diapers from HappyBottoms because of a short-term emergency, I can receive emergency diapers for up to two months. I can continue to get diapers for my child subject to the terms above if I receive case management or other services from the agency giving me diapers.
- If I deliberately try to get more than the monthly limit of diapers, try to get diapers from more than one HappyBottoms agency in any given month, or violate any other terms of the program listed above, my child may be removed from the program.

Parent/Guardian Name (Print) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>    Agency Name: _____	Staff Initials: _____
Size Distributed <input type="checkbox"/> NB <input type="checkbox"/> Size 1 <input type="checkbox"/> Size 2 <input type="checkbox"/> Size 3 <input type="checkbox"/> Size 4 <input type="checkbox"/> Size 5 <input checked="" type="checkbox"/> Size 6 <input type="checkbox"/> P2/3T <input type="checkbox"/> P3/4T <input type="checkbox"/> P4/5T	
Size Ordered <input type="checkbox"/> NB <input type="checkbox"/> Size 1 <input type="checkbox"/> Size 2 <input type="checkbox"/> Size 3 <input type="checkbox"/> Size 4 <input type="checkbox"/> Size 5 <input type="checkbox"/> Size 6 <input type="checkbox"/> P2/3T <input type="checkbox"/> P3/4T <input type="checkbox"/> P4/5T	
Quantity <input type="checkbox"/> 50 (diapers) <input type="checkbox"/> 30 (pull ups) OTHER: _____	<input type="checkbox"/> One Time Distribution <input type="checkbox"/> Ongoing Distribution