

FULL TUM, DRY BUM APPLICATION

Diapers and formula are available to Henderson County families once per month. At each visit, each child will receive two bundles of diapers and one can of formula. Diapers can be picked up on Fridays between the hours of 11:00am-2:00pm. **All pick-ups must be made by appointment.**



Please fill out the info below so we can best assist your family.

Contact Information

Parent/Guardian Name: _____ Age: _____

Phone Number: _____ Email: _____

Home Address: _____
(City) (State) (Zip)

What is your racial and/or ethnic identification?

Please mark all that apply.

- Black, Afro-Caribbean, or African-American
- Caucasian, Non-Hispanic White, or Euro-American
- East Asian or Asian American
- Latino or Hispanic American
- Middle Eastern or Arab American
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- South Asian or Indian American
- Other: _____

What is your gender identity?

- Female
- Male
- Non-binary/third gender
- Prefer to self-describe: _____
- Prefer not to say

Diaper Request(s)

I am requesting diaper assistance for:

(If you do not have a Medicaid ID # for your child, please provide a birth certificate or comparable documentation for copy)

1) Child's Name: _____ Date of Birth: _____ Age: _____

Medicaid ID# _____ Insurance Plan: _____

Current Diaper/Pull-up Size: _____ Formula (Brand/specific dietary need): _____

2) Child's Name: _____ Date of Birth: _____ Age: _____

Medicaid ID # _____ Insurance Plan: _____

Current Diaper/Pull-up Size: _____ Formula (Brand/specific dietary need): _____

3) Child's Name: _____ Date of Birth: _____ Age: _____

Medicaid ID# _____ Insurance Plan: _____

Current Diaper/Pull-up Size: _____ Formula (Brand/specific dietary need): _____

If you require more slots, please request a second application

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Who will be picking up diapers for the child(ren)?

- Parent or primary care giver
 Proxy (please list name(s)): _____

How did you hear about our program? _____

Children & Family Resource Center provides programming for children and caregivers of all ages and stages. We would love to connect your family with programs that suit your needs. If you are interested in receiving more information about our programs, please fill out the following:

- Yes, I would like more information about programs at the CFRC (see brochure).
 No, I am not interested in more information about programs.

Ages of children in your household: _____

Specific needs, topics, or parenting support you are interested in: _____

Preferred Contact (Please select the best option):

Phone: _____ Email: _____

Program Terms of Agreement (Please read and provide signature):

By signing this document, I understand that:

- *I can access diapers, wipes, and formula once a month for my child*
- *If I miss an appointment, it is **my** responsibility to book a new appointment online <https://childrenandfamily.org/family-support-programs/full-tum-dry-bum/> or to call the office at 828-698-0674*
- *If I know I am not able to pick up on the pick up day, I can call the office to make other arrangements 828-698-0674*
- *If the diapers I receive are the wrong size, or my child grows out of them- I can exchange diapers at the center if they are still wrapped. Formula can also be exchanged as long as it is in-date & unopened. Please check your bag before leaving the office to make sure you have the right items.*
- *Diapers given out by CFRC are intended for the family who applies for them- diapers that are sold will lead to the immediate exit of the seller from the program. Diapers can always be exchanged for the right size. Do not sell diapers or formula!*

Signature of Parent: _____ Date: _____