



Participating Agency Application

1. Please complete entire application
2. The agency director must sign the application
3. Please include a copy of your IRS/US Dept of Treasury Letter of Determination that states your 501c3 status or, letter of good standing from denominational headquarters.
4. Please return all information together. The New Haven Diaper Bank will notify you upon receipt of the application.
5. The Diaper Bank reserves the right to make a site visit during the application process.

Agency/Organization Name:

Contact Person for The Diaper Bank Program:

Secondary Contact for The Diaper Bank Program:

Does your organization operate from more than one location?

If yes, will diapers be distributed at any of those locations?

If so, please provide contact information (below) for each location.

Mailing Address:

Phone Number:

Fax Number:
E-mail Address: (please include email addresses for both primary and secondary contact)

	501c3 or in application process
	Church in good standing
	School Resource Center

Agency Mission Statement:

How will having diapers further your mission?

	How many clients does your agency serve now?
	Of these clients, how many children would need diapers? (Actual number, not percentage)

What percentage of the population you serve is low income? _____

(Low-income: Income below 200 percent of the federal poverty level (FPL); currently \$37,700 per year for a family of four.)

What percentage of the population you serves lives in poverty? _____

(Poverty: Income below the federal poverty level (FPL), currently \$18,850 per year for a family of four.)

How will you let your clients know you have diapers to distribute?

How will you decide if a client is eligible to receive diapers?

The Diaper Bank needs participating agencies to pick up diapers from our public warehouse at 82 West Clark Street, West Haven, at a specific appointed time each month. Does your agency have the capacity to do this?

Is your agency willing to collect demographic information from clients receiving diapers in order to further the mission of the diaper bank? _____

May we put a link to your agency on our website? _____ If yes, please provide the web address below.

Web address: _____

Please include the most current brochure from your organization with your application.

Directors Name _____

Date _____

Director's Signature _____

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The Diaper Bank
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