

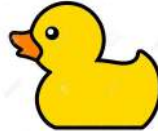
For Office Use Only

1. Date Received: ____/____/____ Month / Day / Year Walk-In ____ Fax ____ Mail ____ Dropbox ____	2. Line-by-line Review: ____/____/____ Initials Month/Day	3. Sales Force Data Entry: ____/____/____ Initials Month/Day	4. Scan Application: ____/____/____ Initials Month/Day	5. MAAC Data Entry: ____/____/____ Initials Month/Day	6. Clearinghouse Coordinator Approval: ____/____/____ Initials Month/Day	7. Happy Bottoms Entry if Approved: ____/____/____ Initials Month/Day
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Love INC of Clay County

Happy Bottoms Application Form



Assistance Guidelines

This program exists to ensure that families living in poverty in Clay County have an adequate supply of diapers for their infants and toddlers. Love INC and Happy Bottoms will provide each accepted child, age 3 or under, with 50 diapers or 30 pull-ups per child, per month for up to three years or age 4 whichever occurs first.. Consideration for assistance is made on a case-by-case basis, as resources become available, without regard to gender, race, age, disability, color, creed, national origin, or religion.

Eligibility for Assistance

To Qualify

1. You must be the child's parent or guardian and you must be a current resident of and living in Clay County or Platte County, Missouri.
2. The child(ren) receiving the diapers must be at or below age three.
3. Your gross household income must be at or below 150% of the Federal Income Poverty Guidelines (see chart below).

Household Size	1	2	3	4	5	6	7	8
Monthly Income	\$1,595	\$2,155	\$2,715	\$3,275	\$3,835	\$4,395	\$4,955	\$5,515

*For a family with nine or more living in the household, add \$560 for each additional family member.

4. You must be able to provide proof of all household income for the past 60 days.
5. An individual application must be filled out for each child receiving diapers. If your family has more than one child in diapers, a separate application is required of each child.
6. A completed application and all required documents must be submitted together to be considered.
7. The required documents include: (i.) **a photo id**, (ii.) **proof of residence** (utility bill or rent receipt, etc.), (iii.) **proof of household income** for past 60 days (pay stubs, bank statements, disability or child support letters, etc.), (iv.) **Social Security cards** for all members of the household, and (v.) **birth certificate or Medicaid card for each child receiving diapers**.

How to Apply

Please read each item carefully before you answer. If you need assistance in completing this form or have any questions, please stop by and speak with one of our Love INC volunteers who will be happy to help you. The completed form can be sent to the address below or faxed to (816)781-3261. Application form must be complete and signed in order for your household to be considered for assistance.

Love INC of Clay County
2050 Plumbers Way, Suite 160
Liberty, MO 64068

Office hours are Monday—Thursday 10:00 am to 3:00 pm (closed 12:00-12:30 pm for lunch).

You may also drop off your completed applications at our convenient drop-box located on the wall just outside the Love INC office entrance.

Alternate Pickup Person:



AGENCY CLIENT APPLICATION

Child Information	
Child First Name	Child Last Name
Parent/Guardian First Name	Parent/Guardian Last Name
Parent/Guardian 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)
Child Birthdate _____ / _____ / _____ <small style="display: flex; justify-content: space-around; width: 100%;">Month Day Year</small>	Child Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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 parent/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
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 <small>(Section 8 or HUD Housing)</small>	<input type="checkbox"/> Unsubsidized Housing <small>(Affordable or discounted housing)</small>	
Are you currently employed?	<input type="checkbox"/> Yes If yes, <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 If yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part Time Monthly take home pay _____ <input type="checkbox"/> No		
PARENT Health Insurance	<input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Uninsured		
CHILD Health insurance	<input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Uninsured		

Acceptance of Service Terms and Certification	
<i>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:</i>	
<ol style="list-style-type: none"> 1. 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. 2. 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. 3. My child may only receive pull-ups/training pants 6 times while enrolled in the program. 4. I will use these diapers ONLY for the child listed on the application, and I MAY NOT SELL, TRADE, OR GIVE AWAY THESE DIAPERS. 5. I may only receive 50 diapers or 30 training pants per child per month from any HappyBottoms agency. 6. 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. 7. 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 _____

Diaper Distribution Information	
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 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) <input type="checkbox"/> One Time Distribution <input type="checkbox"/> Ongoing Distribution

Incomplete or False Applications Will Not be Considered

Section 1. Applicant Information			
First Name:		Last Name:	
Date of Birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Driver's Lic #:	
Race/Ethnicity: <input type="checkbox"/> Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:		Is Your Spouse Living in Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone:	Home Phone:	Number You Can be Reached at During the Day:	
Current Address:			
City:	County:	State:	Zip Code:
Monthly Payment or Rent: \$		Home: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	Move In Date:

Section 2. Church Affiliation		
Church You Attend:	Pastor:	Okay to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3. Employment			
Current/Most Recent Employer:			Position:
Address:		If not employed, are you currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	State:	Zip Code:	Phone:
Monthly Income:	Start Date:	End Date or Current:	

Section 4. Family Members Living in Your Home (Include your spouse and any of your children under age 18 who are currently living in your home.)			
Spouse - First Name:		Last Name:	
Date of Birth:		SSN	
Driver's Lic #:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Gross Monthly Income:	
Child 1 - First Name:		Last Name:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2 - First Name:		Last Name:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3 - First Name:		Last Name:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4 - First Name:		Last Name:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 5 - First Name:		Last Name:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5. Other Individuals Living in Your Home but Not Listed in Section 4 (Use extra pages if needed.)

Name:		Relationship:	Gross Monthly Income:
Date of Birth:	SSN:	Drivers Licenses :	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Relationship:	Gross Monthly Income:
Date of Birth:	SSN:	Driver's License:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Relationship:	Gross Monthly Income:
Date of Birth:	SSN:	Driver's License:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6. Household Income (Last 30 days.)

List Total Household Income Before Deductions from all Sources for Last 30 days			
Total Household Salaries/Wages	\$	Child Support	\$
Alimony/Spousal Support	\$	Unemployment Insurance	\$
Pension Income	\$	Veteran's Disability Payment	\$
Private Disability Insurance	\$	Veteran's Pension	\$
Social Security Retirement Income	\$	Worker's Compensation	\$
Social Security Disability Income	\$	TANF	\$
Supplemental Security Income	\$	Other:	\$
Foster Care Income	\$	Total Income	\$
List All Funded Services and Non-Cash Assistance Received in Last 30 Days:			
Adult Health Insurance	<input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> None	TANF Child Care Services	\$
Child Health Insurance	<input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> None	TANF Funded Services	\$
Veteran's Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	LIHEAP	\$
Food Stamps	\$	Other:	\$
Section 8 Public Housing	\$	Other:	\$
Section 8 Utility Assistance	\$	Total Non-Cash Assistance	\$

I verify that the information provided above is true and correct. I consent to the release of pertinent information contained in the spaces above to concerned social service agencies, Mid America Assistance Coalition, and vendors as necessary to complete services to my household, or to provide statistics on emergency assistance, or as a guard against duplication of assistance. I hereby authorize utility agencies or other vendors related to my household to release information concerning my accounts as necessary to insure timely processing of this application.

Signature of Applicant	Date
Incomplete or unsigned applications cannot be processed.	

For Office Use Only: If on waiting list, provide an emergency supply of **Love INC** diapers: **Salesforce** _____ **MAAC** _____

Size _____ Quantity _____ Price _____ (\$0.25 ea)

Size _____ Quantity _____ Price _____ (\$0.25 ea)

Total Diaper Price _____

Baby Wipes Total # wipes _____ **Total Baby Supplies Price** _____ (\$0.05 ea)