



**LOVE INC CLIENT APPLICATION**

Parent's SSN \_\_\_\_\_

Entered into HB\_\_\_ MAAC\_\_\_ SF\_\_\_ Scanned\_\_\_

**Child Information**

Child's First Name		Child's Last Name	
Parent's/Guardian's First Name		Parent's/Guardian's Last Name	
Alternate Pickup Person		Child's Date of Birth MM / DD / YYYY	
Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Address w/ Zip Code	
Email		Best Phone	County of Residence
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"/> 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 and over)	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 (Section 8 or HUD) <input type="checkbox"/> Unsubsidized Housing (Affordable/Discounted)		
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	
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"/> HappyBottoms Agency <input type="checkbox"/> Happy Packs <input type="checkbox"/> Hospital: _____ <input type="checkbox"/> Family/Friend <input type="checkbox"/> Facebook/Instagram <input type="checkbox"/> Social/Case worker <input type="checkbox"/> HappyBottoms Website <input type="checkbox"/> Other	

**Acceptance of Service Terms and Certification**

By signing this application, I am certifying the information on this applications 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, for communication purposes, and for grant writing purposes. Data will only be used by HappyBottoms, and its partners for these purposes.
- My child can no longer receive diapers after their fourth birthday.
- My child may only receive pull-ups/training pants six 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 75 diapers or 50 training pants per child per month from any HappyBottoms Agency.
- If I get diapers from HappyBottoms, because you're very 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 were 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 \_\_\_\_\_

Office Use Only Agency Name: Love INC of Clay County	Start Date _____	Staff Initials: _____								
Size Distributed:	<input type="checkbox"/> NB <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 2/3T <input type="checkbox"/> 3/4T <input type="checkbox"/> 4/5T									
Size Ordered:	<input type="checkbox"/> NB <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 2/3T <input type="checkbox"/> 3/4T <input type="checkbox"/> 4/5T									
Quantity	<input type="checkbox"/> 75 (diapers) <input type="checkbox"/> 50 (pull-ups) <input type="checkbox"/> Other:									