

CROMWELL DIAPER BANK APPLICATION

The goal of the Cromwell Diaper Bank is to help support families with infants and toddlers, to offset some of the cost to care for their children. Please read carefully:

1. This Program is for children newborn - through age 3 (through age 4 with a doctor's note).
2. You must be a resident of Cromwell to apply and present a valid photo ID and proof of address (current piece of mail.)
3. Each eligible child will receive 50 diapers per month while supplies are available and will be first come, first serve.
4. Our Diaper bank is donation based, if we do not have your child's size, we cannot offer diapers that month. We will notify whenever the size is back in stock.
5. Additionally, supplies such as wipes, ointments and other baby care items will be given out based on need and availability.
6. If you miss an appointment, you cannot receive any additional diapers for months missed.
7. Appointments can be scheduled by contacting Cromwell Youth Services at 860-632-3448 or at the email below.

Applications can be filled out in person or online at: cromwellct.com/youthservices

Deliver completed applications to
Cromwell Youth Services
located on the basement level of
Cromwell Town Hall, 41 West St.

by email: cromwellyouthservices@gmail.com

Or mail to:
Town of Cromwell Youth Services
41 West Street
Cromwell CT, 06416

- ★ Application Checklist
- ★ Completed & Signed application.
- ★ Valid photo I.D.
- ★ Proof of Cromwell residency
- ★ Birth Certificate for each participating child

★ Updated income Guidelines ★

Applicants may be eligible to receive diapers from the Cromwell Diaper Bank if any person in the household receives any of the following benefits: SNAP, TFA / TANF, SSI, State Supplement for the Aged, Blind, and Disabled (State Supp), Refugee Cash Assistance, or the annual household income falls at or below the income levels in the table (i.e. 60% of the state's median income).

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$41,553	\$54,338	\$67,124	\$79,910	\$92,695	\$105,481	\$107,878	\$110,275

Guidelines provided by Connecticut Department of Social Services Energy Assistance Program
2023-2024 Federal Poverty Guidelines.

* If you are over income, but struggling to make ends meet we may be able to assist with a one-time supply. Please contact Cromwell Youth Services..

Cromwell
Youth
Services

860-632-3448

[Cromwellctyouth](https://www.instagram.com/cromwellctyouth)

[CromwellYouthServices](https://www.facebook.com/CromwellYouthServices)

Cromwell Youth Services Intake Form – Diaper Assistance Program

Parent/guardian Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip code: _____

Applicant Date of Birth: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Relationship to child(ren) _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

Household Information:

of Adults in Household _____ # of Elderly (60+) in Household _____

of Disable people in Household _____ # of Children in Household _____

Children needing assistance (add diaper sizes only for ages newborn-3 years old)

Child 1: _____ Date of Birth _____ Diaper Size _____

Child 2: _____ Date of Birth _____ Diaper Size _____

Child 3: _____ Date of Birth _____ Diaper Size _____

Child 4: _____ Date of Birth _____ Diaper Size _____

Child 5: _____ Date of Birth _____ Diaper Size _____

Race (Select all that apply): American Indian Asian Black/African American White
Other Don't know Prefer not to answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino Don't know Prefer not to answer

Marital Status: Single Married Divorced Widowed In a relationship

Highest Level of Education: Some High School Diploma/GED College Graduate

Gender: Male Female Transgender Prefer not to answer

Veteran: Yes No Prefer not to answer

Income Information - Diaper Assistance Program

Have you received any income from any source in the past 30 days? No Yes Don't Know

Income Sources and amount	No/Yes	Amount/Pay Period	Date Started
Earned Income	No Yes	_____	___ / ___ / ___
Unemployment Insurance	No Yes	_____	___ / ___ / ___
Supplemental Insurance Security (SSI)	No Yes	_____	___ / ___ / ___
Social Security Disability Income (SSDI)	No Yes	_____	___ / ___ / ___
Veteran Disability Payment	No Yes	_____	___ / ___ / ___
Retirement Income from SS	No Yes	_____	___ / ___ / ___
Veteran's Pension	No Yes	_____	___ / ___ / ___
Pension from former job	No Yes	_____	___ / ___ / ___
Child Support	No Yes	_____	___ / ___ / ___
Alimony	No Yes	_____	___ / ___ / ___

Have you received non-cash benefits from any source in the past 30 days? No Yes
Don't Know

Source of Non-Cash Benefit	No/Yes	Amount/Pay Period	Date Started
Supplemental Nutrition assistance Program (SNAP): Food Stamps	No Yes	_____	___ / ___ / ___
Medicaid Health Insurance Program	No Yes	_____	___ / ___ / ___
Medicare Health Insurance	No Yes	_____	___ / ___ / ___
Veterans Administration (VA) Medical services	No Yes	_____	___ / ___ / ___
Section 8, public housing, or other Ongoing rental assistance	No Yes	_____	___ / ___ / ___

Other Current Services: Cromwell Food Pantry Energy Assistance Renters Rebate
Warm The Children

Cromwell Youth Services Intake Form - Diaper Assistance Program

Asset Information Checking:

Checking/Bank Name: _____ Balance: _____

Checking/Bank Name: _____ Balance: _____

Savings/Bank Name: _____ Balance: _____

Savings/Bank Name: _____ Balance: _____

Housing Information: Rent Own Bank Name/ landlord Name _____

Cromwell Diaper Bank Participants: by signing below you agree to the following; that all the above information is true to the best of your knowledge. You are aware that Diapers are for residents of the Town of Cromwell, ages newborn – 3 years (up to age 4 with a doctor’s note). Each eligible child will receive 50 diapers per month while supplies are available and will be first come, first serve. Our Diaper bank is donation based, if we do not have your child’s size, we cannot offer diapers that month. We will notify whenever the size is back in stock. Additionally, supplies such as wipes, ointments and other baby care items will be given out based on need and availability. If you miss an appointment, you cannot receive any additional diapers for months missed.

Please arrange pick up by calling the Cromwell Youth Services office at 860-632-3448, or emailing cromwellyouthservices@gmail.com.

Signature: _____ Date: _____

Application Check list:

 This application, pages 1-3 completed and signed.

 Birth Certificate for each participating child

 Valid photo ID of parent/guardian

Return application in person: to Cromwell Youth services, located on the basement level of the Cromwell Town Hall.

Email application: cromwellyouthservices@gmail.com

Mail to: Cromwell Youth Services, 41 West St. Cromwell CT, 06476