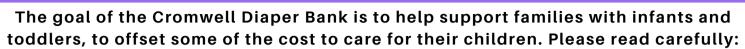


CROMWELL DIAPER BANK APPLICATION



- 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

Services

860-632-3448

Cromwellctyouth

CromwellYouthServices

🏠 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

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 Intake Form – Diaper Assistance Program

Parent/gua	rdian Informatio	n:					
Last Name:	ast Name:		2:	Middle Initial:			
Address:							
				Zip code:			
Applicant D	ate of Birth:	Email Address:					
Home Phon	e:	Cell Phone:					
Relationship	o to child(ren)						
Emergency	Contact Person:		Emergency C	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/Latir	no Don't kno	w Prefer not to answer			
Marital Stat	t us: Single	Married Divorced	Widowed	In a relationship			
Highest Level of Education: Some High School Diploma/GED College Graduate							
Gender:	Male Female	e Transgender I	Prefer not to ans	wer			
Veteran:	Yes No	Prefer not to answer					

Income Information - Diaper Assistance Program

Have you received any income from a	ny sou	rce in tl	ne past 30 days? No	Yes	Don'	't Know
Income Sources and amount		s	Amount/Pay Period	Date Started		
Earned Income	No	Yes			_/	_/
Unemployment Insurance	No	Yes			_/	_/
Supplemental Insurance Security (SSI)		Yes			_/	_/
Social Security Disability Income (SSDI)		Yes			/	_/
Veteran Disability Payment		Yes			_/	_/
Retirement Income from SS		Yes			_/	_/
Veteran's Pension		Yes			_/	_/
Pension from former job		Yes			/	_/
Child Support	No	Yes			/	_/
Alimony	No	Yes				
Have you received non-cash benefits	from a	ny sour	ce in the past 30 days?	No	Yes	
Source of Non-Cash Benefit		es	Amount/Pay Period	Don't Know Date Started		
Supplemental Nutrition assistance Program (SNAP): Food Stamps		Yes				
Medicaid Health Insurance Program		Yes			/	_/
Medicare Health Insurance		Yes			/	_/
Veterans Administration (VA) Medical services		Yes			/	_/
Section 8, public housing, or other	No	Yes			/	_/
Ongoing rental assistance						
Other Current Services: Cromwell F Warm The		-	Energy Assistance Ren	iters R	ebate	2

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/landlo	rd Name						
Cromwell Diaper Bank Participants: by signing below you agrabove information is true to the best of your knowledge. You residents of the Town of Cromwell, ages newborn – 3 years (a Each eligible child will receive 50 diapers per month while sup come, first serve. Our Diaper bank is donation based, if we do cannot offer diapers that month. We will notify whenever the supplies such as wipes, ointments and other baby care items and availability. If you miss an appointment, you cannot receimonths missed. Please arrange pick up by calling the Cromwell Youth Services emailing cromwellyouthservices@gmail.com .	are aware that Diapers are for up to age 4 with a doctor's note). oplies are available and will be first o not have your child's size, we e size is back in stock. Additionally, will be given out based on need we any additional diapers for						
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, loc	ated on the basement level of the						
Cromwell Town Hall.							
Email application: cromwellyouthservices@gmail.com							
Mail to: Cromwell Youth Services, 41 West St. Cromwell CT, 0	6476						