



**HOMELESS CHILDREN'S NETWORK**  
**Diaper Bank Program**

**ENROLLMENT FORM**

*Primary Caregiver General Information*

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Birth date:</b> /     /	<b>Gender:</b>	
<b>Receiving WIC:</b> Yes / No / Previously ( <i>Circle one</i> )	<b>Primary Type of Public Assistance:</b> TANF / SSI / SNAP ( <i>Circle one</i> )	
<b>Preferred Language:</b>	<b>Receiving SNAP/Food Stamp:</b> Yes / No ( <i>Circle one</i> )	
<b>Race:</b>	<b>Ethnicity:</b> Hispanic / Non-Hispanic ( <i>Circle one</i> )	
<b>Education Level:</b>	<b>Employment Status:</b>	
<b>US Military on Active Duty:</b> Yes / No ( <i>Circle one</i> )	<b>Veteran of US Military:</b> Yes / No ( <i>Circle one</i> )	
<b>Phone Number:</b>	<b>Email:</b>	
<b>Home Address (Street, City, Zip Code):</b>		
<b>Family Structure:</b> Single OR Two Parent ( <i>Circle one</i> )	<b># in Family:</b>	
<b>Medical Insurance:</b> Yes / No ( <i>Circle one</i> )	<b>Pregnant Mother Before Enrollment:</b> Yes / No ( <i>Circle one</i> )	
<b>Access to ongoing healthcare:</b> Yes / No ( <i>Circle one</i> )	<b>Current Housing:</b>	
<b>*****Part II: ONLY fill out if there is a SECONDARY CAREGIVER (SC)*****</b>		
<b>SC First Name:</b>	<b>SC Last Name:</b>	
<b>Gender:</b>	<b>Birth Date:</b> /     /	
<b>Preferred Language:</b>	<b>Medical Insurance:</b> Yes / No ( <i>Circle one</i> )	
<b>Employment Status:</b>	<b>Education Level:</b>	
<b>Race:</b>	<b>Ethnicity:</b>	
<b>Phone:</b>	<b>Email:</b>	
<b>Home Address (Street, City, Zip Code):</b>		
<b>US Military on Active Duty:</b> Yes / No ( <i>Circle one</i> )	<b>Veteran of US Military:</b> Yes / No ( <i>Circle one</i> )	



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Phone Number:

Email:

**INCOME FORM: PRIMARY & SECONDARY CAREGIVER**

No Income

Income Unk.

Receive SSI

Receive TANF

**Income: Employment**

Primary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually (*Circle one*)

Secondary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

**Income: SSI**

Primary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

Secondary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

**Income: TANF**

Primary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

Secondary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

**Income: Social Security Disability Income (SSI)**

Primary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

Secondary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

**Income: Other**

Form of Income (See list below): \_\_\_\_\_

Primary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

Secondary Caregiver: \$ \_\_\_\_\_ Bi-weekly / Monthly / Annually

**Other Sources of Income**

- VA Service-Connected Disability Compensation
- VA Non-Service Connected Disability Pension
- Private Disability Insurance
- Worker's Compensation
- Retirement Income from Social Security
- Pension
- Alimony or other Spousal Support
- Unemployment Insurance
- Earned Income Tax Credit (EITC)
- Other Employment Income

**FAMILY MEMBERS / CHILD(REN) INFORMATION FORM**

Child (1) First Name:

Child Last Name:



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<b>Gender:</b>	<b>Birth Date:</b> /     /
<b>Ethnicity:</b>	<b>Race:</b>
<b>Relationship to Primary Caregiver/Applicant:</b>	
<b>Health Insurance: Yes / No (Circle one)</b>	<b>Disabled: Yes / No / Unsure (Circle one)</b>
<b>SSI or CalFresh Income: \$ _____ (Monthly)</b>	<b>Other Income:</b>
<b>Receiving SNAP/Food Stamp: Yes / No (Circle one)</b>	<b>Receiving WIC: Yes / No / Previously (Circle one)</b>

Child (2) First Name:	Child Last Name:
Gender:	Birth Date:     /     /
Ethnicity:	Race:
<b>Relationship to Primary Caregiver/Applicant:</b>	
Health Insurance: Yes / No (Circle one)	Disabled: Yes / No / Unsure (Circle one)
SSI or CalFresh Income: \$ _____ (Monthly)	Other Income:
Receiving SNAP/Food Stamp: Yes / No (Circle one)	Receiving WIC: Yes / No / Previously (Circle one)

Child (3) First Name:	Child Last Name:
Gender:	Birth Date:     /     /
Ethnicity:	Race:
<b>Relationship to Primary Caregiver/Applicant:</b>	
Health Insurance: Yes / No (Circle one)	Disabled: Yes / No / Unsure (Circle one)
SSI or CalFresh Income: \$ _____ (Monthly)	Other Income:
Receiving SNAP/Food Stamp: Yes / No (Circle one)	Receiving WIC: Yes / No / Previously (Circle one)

**Please send completed forms and questions to [cm@hcnkids.org](mailto:cm@hcnkids.org)**