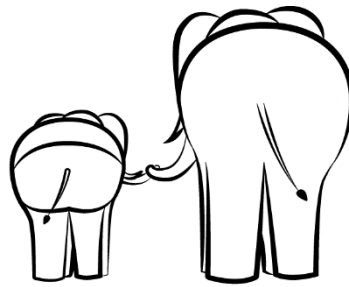


CHILD CARE RESOURCES DIAPER BANK CLIENT REFERRAL FORM



Diapers @CCRMonmouth

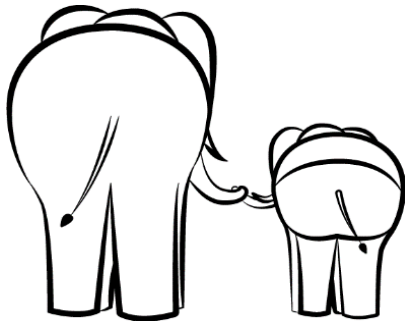
Submit Forms:
kkologe@ccrnj.org
 or by mail
 732-918-9901
 FAX: 732-918-9902

Hours:
 8:30 am – 5:00 pm Mon. – Fri.
 8:30 am – 6:30 pm Wed.

Parent/Client Name: _____ Spanish Speaking

Address: _____

Phone Number: _____ Email Address: _____



Number of children in diapers: _____

Birthdate(s) of child(ren) needing diapers: _____

Diaper size(s) needed:

Newborn	1	2	3	4	5	6	7
Training Pants:	2T – 3T		3T – 4T		4T - 5T		

Distribution amounts are contingent upon availability.

Based on “Huggies Every Little Bottoms Study” families are typically short ten to twelve diapers each week. In an attempt to fill that gap Child Care Resources (CCR), a donation-based Diaper Bank, will distribute diapers once a month to referred and eligible families contingent upon availability.

REFERRING ORGANIZATION: Must fill out the entire form.

A CCR staff member will contact the parent/client when the diapers become available for pick up.

Referral Date: _____

Referring Organization: _____

Organization Contact: _____

Phone Number: _____ Email: _____

***** CCR will contact families as diapers become available for distribution. *****

CCR STAFF USE ONLY:

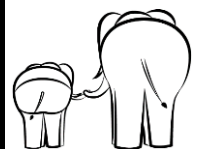
Date Referral Received: _____ Next Eligible Date: _____

Please submit forms by email or fax to CCR **PRIOR** to the “Next Eligible Date” to verify diaper availability

Wipe Quantity: _____ Diaper size and quantity: _____

CCR Authorization: _____ WLS#: _____

2.2025



To receive next month’s allotment of diapers please contact the referring organization where you received this month’s referral (see above). CCR clients contact your Subsidy Case Manager.