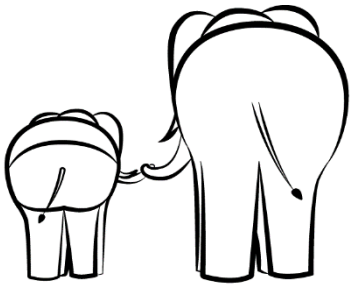
# CHILD CARE RESOURCES DIAPER BANK CLIENT REFERRAL FORM

Child Care Resources

3301C ROUTE 66
PO BOX 1234
NEPTUNE, NJ 07754



Diapers @CCRMonmouth

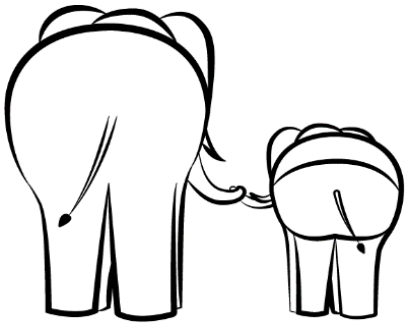
**Submit Forms:**
**kkologe@ccrnj.org**
**or by mail**
**732-918-9901**
**FAX: 732-918-9902**

**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: _____

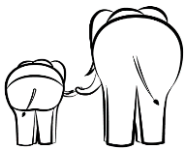
Please submit forms by email or fax to CCR **PRIOR to the "Next Eligible Date"** to verify diaper availability

Wipe Quantity: _____ Diaper size and quantity: _____

_____

CCR Authorization: _____ WLS#: _____

9.2025



**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.**