



2016 Client Diaper Registration Form

PARTNER AGENCY NAME: Franklin Township Food Bank **AGENCY #:** A073201

CLIENT INFORMATION

Client Name: _____			
Client Address: _____		City: _____	
State: _____	Zip: _____	County: _____	
Telephone Number: (_____) _____			

INFANT/CHILD INFORMATION

Please provide names of infant/child that is in need of diaper assistance. **Note: Verification will be needed for each child. Diapers will not be distributed without client providing verification.**

NAME	AGE	RELATIONSHIP	OFFICE USE ONLY Verification Provided	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

I certify that the information/answers provided are complete and true. I further agree to the following:

- I will not sell the diaper products or exchange/barter for services and I understand that this is to be used as an emergency resource only and is meant to only supplement my needs.
- Diapers are provided on a **FIRST COME, FIRST SERVE** basis and I relinquish this diaper site and the Community FoodBank of New Jersey of all liability of any nature whatsoever and accept the diapers "AS IS" and at my own risk.

CLIENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

<u>HOUSEHOLD INFORMATION</u>	Household Size	2016 Federal Poverty Annual Guidelines 100%	2016 Federal Poverty Annual Guidelines 200%
1. What is the total numbers of family members in the household? _____	1	\$11,880	\$23,760
2. What is the annual household income? _____	2	\$16,020	\$32,040
3. Is the household under 100%? Y/N _____	3	\$20,160	\$40,320
4. Is the household income under 200%? Y/N _____	4	\$24,300	\$48,600
	5	\$28,440	\$56,880
	6	\$32,580	\$65,160
	7	\$36,730	\$73,460
	8	\$40,890	\$81,780

Verified By _____ Date _____