



# Client Intake Form (Confidential)

All information is confidential and is used in applying for grants to fund this program.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI (MM/DD/YY)

Spouse/Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI (MM/DD/YY)

Children's information (all children currently in your household, not just those participating in this program):

First Name:	Last Name:	Gender:	Date of Birth: (MM/DD/YY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mailing Address: \_\_\_\_\_ APT # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ (to receive schedules & event info)  
Home Cell email

Are there any other needs you currently have? (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Education/GED            | <input type="checkbox"/> Support with nutrition and exercise                |
| <input type="checkbox"/> Workforce assistance           | <input type="checkbox"/> Home visits, gifts, & resources for baby or infant |
| <input type="checkbox"/> Parenting Education            | <input type="checkbox"/> Childcare  |
| <input type="checkbox"/> Access to medical care         | <input type="checkbox"/> Early-childhood resources                          |
| <input type="checkbox"/> After-School Care (Grades 4-7) | <input type="checkbox"/> Energy/utility bill assistance                     |
| <input type="checkbox"/> Food                           | <input type="checkbox"/> Other _____  |

**Consent for Release of Information:** I understand that The Cornerstone Resource Center, OmniInstitute (a non-profit evaluation firm based in Denver), and the Family Resource Center Association (a non-profit membership association of Family Resource Centers in Colorado) will have access to the above information for the purposes of overall program evaluation and program improvement. TCRC, OMNI, and FRCA will never share my information with anyone. My name or any identifying information will never appear in any reports. If I decline to share my information, I will not be denied services offered by the Family Resource Center or any other agency affiliated with the Family Resource Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other medical conditions (for any participating family members):  
\_\_\_\_\_

Program Coordinator approval: \_\_\_\_\_ Program \_\_\_\_\_ (Form rev. 7/26/21)

**(Please complete second page.)**

# Diaper Request Form



Your First & Last Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

County of Residence \_\_\_\_\_

Phone # \_\_\_\_\_

## Gender

- Male
- Female
- Transgender

## Race/Ethnicity (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- White
- Native Hawaiian or Other Pacific Islander
- Declined to answer

Total Number of family members (including yourself) \_\_\_\_\_

Monthly Family Income \_\_\_\_\_

(Definition: Before tax income of all family members. Income does not include capital gains or noncash benefits such as public housing, Medicaid, and food stamps, but does include all cash benefits. If monthly income varies (ex. seasonal employment), divide annual income by 12 to obtain monthly income)

## Have you been to our Center before?

- Yes  No

1. Are you or is another adult in your household employed full time?  
 Yes  No
2. Do you have stable housing?  
 Yes  No
3. Are you generally able to get where you need to go using a personal vehicle or public transportation?  
 Yes  No
4. Are you able to access enough food to feed yourself and your family?  
 Yes  No
5. Have you finished high school or obtained your GED?  
 Yes  No
6. Does everyone in your family have health insurance?  
 Yes  No
7. Do you have quality child care, if needed?  
 Yes  No  N/A
8. Are all of your school-aged children currently enrolled in school?  
 Yes  No  N/A

### For Office Use Only:

Type(s) of supplies distributed:

- Diapers  Wipes  Ointment

How many diapers? \_\_\_\_\_

How many packages of wipes? \_\_\_\_\_

How many tubes of ointment? \_\_\_\_\_

Staff Initials \_\_\_\_\_

\*\*Age(s) of child(ren) needing diapers? \_\_\_\_\_ Size(s) of diapers needed? \_\_\_\_\_

\*\*\*Diapers may be requested up to once per month, per child\*\*\*

## Diaper Bank Policy



1. All families who would like to receive diapers must have a completed Diaper Intake Form on file, which is dated within the past 6 months.
2. Families are eligible to request diapering supplies up to once per month. Families will be required to sign to confirm receipt of supplies each time they make a request.
3. All families must be Baca, Kiowa, or Prowers County residents.
4. The children listed on the form who are receiving diapers must have a birth date prior to the day the family is picking up diapers. You may request diapers for new babies after they are born.
5. **Families with children under the age of two** are encouraged to **contact** Care Net Pregnancy Center **first** if they are in need of diapering supplies. However, we will provide diapering supplies for children of any age who are in need.
6. Upon completion of the Diaper Intake Form, it must be submitted to The Cornerstone via email at [info@cornerstoneco.org](mailto:info@cornerstoneco.org) or in-person at 111 W Parmenter St, Lamar.
7. Fulfillment of diapering supply requests is contingent upon availability of the diaper sizes and supplies requested. Once a request has been received, the diaper allotment will be prepared, and the family will be contacted to arrange pick-up. **The Cornerstone Resource Center's business hours are Monday through Wednesday from 8:00 am – 4:00 pm, Thursday from 8:00 am – 5:30 pm, and Friday from 8:00 am – 12:00 pm. We are located at 111 W Parmenter St, Lamar, CO 81052. Pick-ups can be scheduled at any time during normal operating business hours.**
8. Families who are eligible may receive approximately one month's worth of diapers in the size requested, as well as up to two packages of wipes and one tube of ointment per child once per calendar month. All distribution amounts are contingent upon availability.
9. Families are eligible to receive diapering supplies *up to 100 diapers, two packages of wipes, and one tube of diaper cream per child, per month.* For example, if a family receives diapers on January 2nd, they will then be eligible to receive their next allotment on February 2nd or the next business day if the date falls on a holiday or weekend.
10. Diapers are for the use of the designated child(ren) only. Diapers may not be sold or used in a manner other than their intended use (i.e. clients may

not use diapers to make diaper cakes or use them for any other purpose).  
Products given to clients from The Cornerstone Resource Center may not  
be resold or redistributed. Any individual found to be out of compliance  
with this will lose access to The Diaper Bank @ The Cornerstone.

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Printed Name

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Signature

Date