



First & Last Name _____

Today's Date _____

Date of Birth _____

County of Residence _____

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

How did you hear about us? _____

1. Are you or is another adult in your household employed full time?

- Yes No

If No, please explain: _____

2. Do you have stable housing?

- Yes No

If No, where are you currently living? _____

3. Are you generally able to get where you need to go using a personal vehicle or public transportation?

- Yes No

If No, how do you get around? _____

Do you use Medride for medical appointments? Yes No

4. Are you able to access enough food to feed yourself and your family? Yes No

If Yes, do you currently get SNAP? Yes No

If No, would you like to apply? Yes No

5. Have you finished high school or obtained your GED?

- Yes No

If No, would you like to get it?

- Yes No

6. Does everyone in your family have health insurance?

- Yes No

If No, would you like to apply today?

- Yes No

If you are caring for a child:

7. Do you have quality child care, if needed?

- Yes No No Children N/A

Do you struggle to pay for childcare? Yes No

8. Are all of your school-aged children enrolled in the current school year?

- Yes No Homeschool N/A

What grades? _____



Client Intake Form (Confidential)

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

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 newsletter & class info)
Home Cell email

What brings you to the Resource Center today?

Are you or a member of your household currently pregnant? Yes No Who? _____

Due Date? _____

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, PSSF, 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: _____

Program Coordinator approval: _____ Program _____ (Form rev. 9/2/2022)

(Please complete second page.)

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 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 Thursday, 8:00 am – 4:30 pm, and Friday from 8:00 am – 12:00 pm. Our main location is 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 subject to availability.
9. Families are eligible to receive diapering supplies *up to **50 diapers and one package of wipes per child and one tube of diaper cream per family, 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.

Printed Name

Signature

Date