



## Client Application

### Family Information

Client Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

#### Preferred Pick-Up Location in Allegany County

**\*Please note: This will be the location where you will go to pick up diapers monthly\***

\_\_\_\_ Child Advocacy Center (Olean)                      \_\_\_\_\_ Ardent Solutions (Wellsville)

\_\_\_\_ Access Center for ACCORD (Belmont)                      \_\_\_\_\_ Cuba Cultural Center (Cuba)

\_\_\_\_ Jones Woman and Children's Clinic (Wellsville)

Does your family receive diapers from any other agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what agency? \_\_\_\_\_

Sources of family income: TANF \_\_\_ SNAP \_\_\_ Child Support \_\_\_ Employment \_\_\_

SSI/SSD \_\_\_ Medicaid \_\_\_

Where/how did you hear about our organization? \_\_\_\_\_

Does child(ren) have special needs?                      Yes \_\_\_\_\_      No \_\_\_\_\_

Do you need referrals for any other services?

\_\_\_\_ Afterschool programming

\_\_\_\_ Youth/family counseling

\_\_\_\_ Food/Clothing Pantry

\_\_\_\_ Other

\_\_\_\_ GED

Describe:

\_\_\_\_ Job finding assistance

\_\_\_\_\_

\_\_\_\_ Resume writing

\_\_\_\_\_

\_\_\_\_ Summer camp

