

DIAPER DISTRIBUTION GRANT INTAKE FORM

Children's Information

Name: _____ DOB: _____ Diaper size: _____
Name: _____ DOB: _____ Diaper Size: _____
Name: _____ DOB: _____ Diaper Size: _____
Name: _____ DOB: _____ Diaper Size: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email: _____

Have any of your children been diagnosed with any physical or medical conditions that could cause a delay in growth or development? YES or NO

Please explain: _____

Terms and Conditions

- **Child must be Native American (do not need to be enrolled)**
- Must be the parent or guardian of the child(ren)
- Diapers are **not** intended for resale. You may exchange any unopened boxes.
- We provide diapers for ages 0-18 years old
- You may start receiving diapers 30 days before your due date
- We must hear from the parent or guardian if someone else is picking up for you

By signing below you agree to not resale any items received from the Diaper Distribution Grant. If this condition is not followed, you will no longer be able to receive diapers from DDG.

I understand that some of the information I provide to Early Childhood Diaper Distribution will be shared with the research team. As a condition of Early Childhood Diaper Distribution funding, DDG is required to share data with the research team and federal staff for research and evaluation purposes. DDG will remove personal identifying information (such as name, address, or social security number) that could identify me before sharing files with the research team and federal program staff. My personal identity will never be part of any research reports.

Signature

Date

Charnelle Gill
ECIP Director
cgill@swo-nsn.gov
605-698-8322



Camille Quickbear
Distribution Coordinator
camillequickbear@swo-nsn.gov
605-698-8265