



**STAFFORD SOCIAL SERVICES** Diaper Bank

in collaboration with

**Stafford Family Resource Center**  
**Stafford Early Head Start EASTCONN**

**Diaper Bank Application**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Name of every adult & child in your household:	Date of Birth:

**Does your family receive:**  WIC  TANF  SSI  Fuel Assistance  
 Care 4 Kids  Food Stamps  Other DSS Subsidies

**Household Annual Income Range: (combined gross annual income of all family members living in the household)**

Below \$20,000     \$20,000 - \$30,000     \$30,001 - \$40,000  
 \$40,001 - \$50,000     \$50,001 - \$60,000     above \$60,000

**\*If no one in your house receives income please check below:**

I certify that I, and other adults within my household over 18 years old, are not employed, and have not received any income from any source within the last 30 days.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_