**TANF Diaper Assistance Pre-Registration Form**

**HEAD OF HOUSEHOLD (HOH) INFORMATION**

|  |
| --- |
| **Date: TANF Case UPI:** |
| **Last Name: First Name:** |

|  |  |
| --- | --- |
| **Date of Birth:** | **SSN:** |
| **Residential Address:**  Street:  City: State: Zip: | **Phone:** Cell #:  Alternate #: |

|  |
| --- |
| **Email Address:** |
| **Full Name(s) of Authorized Pick-Up Person(s):**  *NOTE: Only individuals authorized to receive diapers on behalf of the TANF family are those members (spouse, relative caregiver, or fictive kin) listed in the TANF household at the time of pre-registration and/or the authorized representative actively listed on the TANF case.* |

**PREGNANT MOTHER INFORMATION (if applicable):**

|  |
| --- |
| **Name:** Last: First:  *Mother must be six-months (minimum) pregnant to qualify.* **Estimated Due Date:** |

|  |  |  |
| --- | --- | --- |
| **Date of Birth:** | **SSN:** | **Diaper Size:** |

**INDIVIDUAL CHILD INFORMATION:**

|  |
| --- |
| **Child’s Name:** Last: First:  *NOTE: The child must be an eligible member of the TANF household at the time of pre-registration* |

|  |  |  |
| --- | --- | --- |
| **Date of Birth:** | **SSN:** | **Diaper Size:** |

|  |
| --- |
| **Child’s Name:** Last: First:  *NOTE: The child must be an eligible member of the TANF household at the time of pre-registration* |

|  |  |  |
| --- | --- | --- |
| **Date of Birth:** | **SSN:** | **Diaper Size:** |

|  |
| --- |
| **Child’s Name:** Last: First:  *NOTE: The child must be an eligible member of the TANF household at the time of pre-registration* |

|  |  |  |
| --- | --- | --- |
| **Date of Birth:** | **SSN:** | **Diaper Size:** |

|  |
| --- |
| **Child’s Name:** Last: First:  *NOTE: The child must be an eligible member of the TANF household at the time of pre-registration* |

|  |  |  |
| --- | --- | --- |
| **Date of Birth:** | **SSN:** | **Diaper Size:** |

|  |
| --- |
| **Child’s Name:** Last: First:  *NOTE: The child must be an eligible member of the TANF household at the time of pre-registration* |

|  |  |  |
| --- | --- | --- |
| **Date of Birth:** | **SSN:** | **Diaper Size:** |

***General Information to Qualify for Diaper Assistance***

An individual is only eligible for diaper assistance if:

* They are an active Nevada TANF recipient (eligible member of the TANF household) at the time of pre-registration; and
* They are a child between the ages of 0-3 and still wearing diapers or a mother at least 6 (six) months pregnant.
* By pre-registering for diaper assistance, the registrant is giving express consent for this agency to share all information provided with the Nevada Division of Welfare and Supportive Services (DWSS) for the purposes of verifying eligibility to receive diapers and for coordination of services.

*Initials of registrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* Pre-registering does not confirm eligibility for diaper assistance. Once pre-registration has been completed information will be shared with the Division of Welfare and Supportive Services (DWSS) to verify eligibility. The agency will then be notified by the DWSS of those that meet the eligibility criteria.

The agency will then notify the applicant through their valid email address of their eligibility. It is completely the responsibility of the applicant to monitor their email address for this notification.

*Initials of registrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Printed name of registrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of registrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of agency staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of agency staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document used for Identity Verification (i.e. Driver’s License, Identification Card, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Attach copy of identification)*

DISTRIBUTION ACKNOWLEDGMENT

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diapers: **PICKED UP / DELIVERED** (*Circle One*)

Printed name of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NOTE: Only individuals authorized to receive a diaper bundle on behalf of the TANF family are those members (spouse, relative caregiver, or fictive kin) listed in the TANF household at the time of pre-registration and/or the authorized representative actively listed on the TANF case.*

Initials of agency staff who viewed identity verification: \_\_\_\_\_\_\_

Document used for Identity Verification (i.e. Driver’s License, Identification Card, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Attach copy of identification)*

Printed name of agency Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of agency Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_