



# CLDA PHILLY - BASIC NEEDS BANK

## CLIENT APPLICATION



E | INFO@CLDAPHILLY.ORG  
P | 215-999-8373

### CONTACT INFORMATION

Applicant(s) Full Name :

E-Mail :

Phone :

Address :  City, State, Zip :

#### CONTACT METHOD

#### BEST TIME TO CALL

TEXT  
  PHONE  
  EMAIL  
  MORNING  
  AFTERNOON  
  EVENING  
  WEEKENDS

### CHILDRENS' INFORMATION

COMPLETE AN ADDITIONAL PAGE FOR OVER 4 CHILDREN

| NAME #1     |              |               |            | NAME #2     |              |               |            |
|-------------|--------------|---------------|------------|-------------|--------------|---------------|------------|
| DIAPER SIZE | PULL-UP SIZE | CLOTHING SIZE | SHOE SIZE  | DIAPER SIZE | PULL-UP SIZE | CLOTHING SIZE | SHOE SIZE  |
| _____       | _____        | _____         | _____      | _____       | _____        | _____         | _____      |
| COAT SIZE   | GENDER       | RACE          | BIRTH DATE | COAT SIZE   | GENDER       | RACE          | BIRTH DATE |
| _____       | _____        | _____         | _____      | _____       | _____        | _____         | _____      |

  

| NAME #3     |              |               |            | NAME #4     |              |               |            |
|-------------|--------------|---------------|------------|-------------|--------------|---------------|------------|
| DIAPER SIZE | PULL-UP SIZE | CLOTHING SIZE | SHOE SIZE  | DIAPER SIZE | PULL-UP SIZE | CLOTHING SIZE | SHOE SIZE  |
| _____       | _____        | _____         | _____      | _____       | _____        | _____         | _____      |
| COAT SIZE   | GENDER       | RACE          | BIRTH DATE | COAT SIZE   | GENDER       | RACE          | BIRTH DATE |
| _____       | _____        | _____         | _____      | _____       | _____        | _____         | _____      |

### FAMILY INFORMATION

- **How many people live daily in the household (include applicant)?**  
Adults (18+) \_\_\_\_\_ Children (5 & under) \_\_\_\_\_ Children (over 5) \_\_\_\_\_
- **Child(ren) lives with (Check all that apply):**  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent \_\_\_\_\_ Foster Parent \_\_\_\_\_ Other Relative/Guardian \_\_\_\_\_
- **What is the employment status of the applicant? (Check all that apply):**  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Self-Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Other \_\_\_\_\_
- **Does the household receive any of the following? (Check all that apply):**  
Child Support \_\_\_\_\_ Alimony \_\_\_\_\_ SSI \_\_\_\_\_ SSDI \_\_\_\_\_ TANF \_\_\_\_\_ WIC \_\_\_\_\_ SNAP \_\_\_\_\_ Section-8 \_\_\_\_\_  
Energy Assistance \_\_\_\_\_ Other \_\_\_\_\_
- **Parent/Guardian has Health Insurance? Child(ren) has Health Insurance? If yes, what type?**  
Private \_\_\_\_\_ Medicaid \_\_\_\_\_ Other \_\_\_\_\_
- **Is the child(ren) in daycare? \_\_\_\_\_** If yes, name provider \_\_\_\_\_ Phone \_\_\_\_\_



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## CLIENT APPLICATION

I·CARE



### ADULT(S) INFORMATION

NAME #1

NAME #2

|                            |                             |                                |           |
|----------------------------|-----------------------------|--------------------------------|-----------|
| CLOTHING SIZE - <b>TOP</b> | CLOTHING SIZE - <b>PANT</b> | CLOTHING SIZE - <b>DRESS</b>   | SHOE SIZE |
| _____                      | _____                       | _____                          | _____     |
| COAT SIZE                  | UNDERWEAR SIZE - <b>TOP</b> | UNDERWEAR SIZE - <b>BOTTOM</b> | GENDER    |
| _____                      | _____                       | _____                          | _____     |

|                            |                             |                                |           |
|----------------------------|-----------------------------|--------------------------------|-----------|
| CLOTHING SIZE - <b>TOP</b> | CLOTHING SIZE - <b>PANT</b> | CLOTHING SIZE - <b>DRESS</b>   | SHOE SIZE |
| _____                      | _____                       | _____                          | _____     |
| COAT SIZE                  | UNDERWEAR SIZE - <b>TOP</b> | UNDERWEAR SIZE - <b>BOTTOM</b> | GENDER    |
| _____                      | _____                       | _____                          | _____     |

### OTHER NEEDS

#### ADULT INCONTINENCE SUPPLIES (DIAPERS)

|                    |                           |
|--------------------|---------------------------|
| BRIEF SIZE _____   | UNDERPADS YES OR NO _____ |
| PULL-ON SIZE _____ | OINTMENT YES OR NO _____  |

#### YOUTH INCONTINENCE SUPPLIES (DIAPERS)

|  |  |
|--|--|
| <input type="checkbox"/> SIZE 7 (41 + LBS) | <input type="checkbox"/> M/L (65-85 LBS)   |
| <input type="checkbox"/> XS (15-31" WAIST) | <input type="checkbox"/> L/XL (60-125 LBS) |
| <input type="checkbox"/> S/M (38-65 LBS)   |  |

### PERIOD SUPPLIES

|                                     |   |  |                                 |                                 |                                  |   |
|-------------------------------------|---|--|---------------------------------|---------------------------------|----------------------------------|---|
| <b>TAMPONS</b>                      | <b>PADS</b>                                   | <b>LINERS</b>                          | <b>CUPS</b>                     | <b>DISCS</b>                    | <b>REUSABLE CLOTH PADS</b>       | <b>PERIOD UNDERWEAR</b>                                 |
| <input type="checkbox"/> LIGHT      | <input type="checkbox"/> LIGHT                | <input type="checkbox"/> REGULAR       | <input type="checkbox"/> SMALL  | <input type="checkbox"/> LIGHT  | <input type="checkbox"/> REGULAR | <input type="checkbox"/> XS <input type="checkbox"/> 1X |
| <input type="checkbox"/> REGULAR    | <input type="checkbox"/> REGULAR              | <input type="checkbox"/> LONG          | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> MEDIUM | <input type="checkbox"/> HEAVY   | <input type="checkbox"/> SM <input type="checkbox"/> 2X |
| <input type="checkbox"/> SUPER      | <input type="checkbox"/> HEAVY                | <input type="checkbox"/> XTRA COVERAGE | <input type="checkbox"/> LARGE  | <input type="checkbox"/> HEAVY  |                                  | <input type="checkbox"/> M <input type="checkbox"/> 3X  |
| <input type="checkbox"/> SUPER PLUS | <input type="checkbox"/> OVERNIGHT            | <input type="checkbox"/> THONG         |                                 |                                 |                                  | <input type="checkbox"/> L <input type="checkbox"/> 4X  |
| <input type="checkbox"/> ULTRA      | <input type="checkbox"/> XTRA HEAVY OVERNIGHT |  |                                 |                                 |                                  | <input type="checkbox"/> XL                             |

### MISCELLANEOUS

|                          |                      |                               |                                  |
|--------------------------|----------------------|-------------------------------|----------------------------------|
| BOOKBAGS YES OR NO _____ | TOYS YES OR NO _____ | READING BOOKS YES OR NO _____ | HYGIENE SUPPLIES YES OR NO _____ |
|--------------------------|----------------------|-------------------------------|----------------------------------|

### APPLICATION CERTIFICATION

*I certify that the information given on this application is accurate to the best of my knowledge. I certify that the Basic Needs Supplies I receive will be solely for the use of myself and the adults & children named above. The information is being collected to help request grants for funding, distributions sites, and for coordinating with agencies and organizations to best serve CLDA's Basic Needs Bank. This information is protected from other disclosures and will only be used for that purpose.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### CLDA STAFF ONLY

|                       |                      |                                       |                                      |
|-----------------------|----------------------|---------------------------------------|--------------------------------------|
| RECEIVED DATE _____   | STATUS _____         | <input type="checkbox"/> PICK-UP      | <input type="checkbox"/> CLIENT APP  |
| ORDER LOCATION _____  |                      | <input type="checkbox"/> DISTRIBUTION | <input type="checkbox"/> PARTNER APP |
| # ITEMS ORDERED _____ | # ITEMS FILLED _____ | DATE _____                            | ORGANIZATION NAME _____              |
| STAFF SIGNATURE _____ | DATE SIGNED _____    |                                       |                                      |