



Central Arkansas Development Council

Diaper Assistance Program (DAP) Date:

Contact Information

Name:		DOB:		Gender:	
SSN:		Driver's License:		Email:	
Street:	Apt #	City:	State:	Zip:	County:
Telephone:		Secondary Telephone:			

RACE

Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> NOT Hispanic or Latino |
| <input type="checkbox"/> Black | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> White | |
| <input type="checkbox"/> Multi-Race | |
| <input type="checkbox"/> Other | |

Education

- 0-8th Grade
 9th-12th Grade
 High School/GED
 12th plus some secondary
 2 or 4 year college
 Technical School

Where and when did you last work?

Healthcare

- Medicaid
 Medicare
 Military Health Care
 Direct Purchase
 State Children's Health Insurance
 Employment Based
 State Insurance For Adults
 No Insurance

Housing

Housing Status

- Own
 Rent
 Homeless
 Other Permanent Housing
 Other

Housing Type

- House
 Apartment
 Duplex
 Mobile Home
 Other

Household Type

- Single
 Two Adults NO Children
 Single Parent Female
 Single Parent Male
 Two Parent Household
 Non-Related Adults with Children
 Multi-Generational Household
 Other

Marital Status

- Single
 Married
 Divorced
 Separated
 Widowed

Household Size

- One
 Two
 Three
 Four
 Five
 Six+

Income

Income Source	Gross Amount	Name of Person Receiving Income

Non Cash Benefits

- SNAP
 WIC
 LIHEAP
 Housing Voucher
 Public Housing
 HUD-VASH
 Permanent Supportive Housing
 Childcare Voucher
 Affordable CARE Act Subsidy
 Other

I would like information about the following services:

- Head Start
 Transportation
 Single Parent Scholarship
 Weatherization
 Utility Assistance
 Family Development
 Community Development
 Commodity Foods
 Senior Activity Center
 Tax Assistance
 Diaper Program
 Other: _____
 I am a CADC Employee
 I am a CADC Board Member
 I am a family member of a CADC Employee or Board Member
 Relationship _____

- I understand that the disclosure of my Social Security Number is Voluntary and will be used for identification purposes only.
- I understand that information will be kept strictly confidential unless its release is authorized by me in writing
- I certify that the above information is true and correct
- I understand that general statistical information compiled with other households will be used to create a report for funding sources.

Applicant Signature: _____ Date: _____

CADC Employee Signature: _____ Date: _____

Office/ Center/ Program _____

NOTES:

