



# CADC Diaper Assistance Program (DAP)

## Distribution Form

Parent/Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Last Four #'s of SSN \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Central Arkansas Development Council  
 Phone: (501)315-1121  
 Address: 321 Edison Avenue  
 Benton, Arkansas 72015  
 E-mail: [diapers@cadc.com](mailto:diapers@cadc.com)  
 \*Can only receive **3** packs per visit

Number of Children in Diapers: \_\_\_\_\_  
 Birthdate(s) of Child(ren) in diapers \_\_\_\_\_  
 Birthdate(s) of Child(ren) needing diapers: \_\_\_\_\_

Diaper Size	Newborn	1	2	3	4	5
Quantity Needed						

Training Pant Size	2T/3T	3T/4T	4T/5T
Quantity Needed			

**Distribution amounts are contingent upon availability.**

Based on The National Diaper Bank Network, the average household in need of diapers is falling 19 diapers short each month.

In an attempt to fill that gap CADC, a Private Non-Profit Community Action Agency, will distribute diapers **twice within the program** to eligible families contingent upon availability.

**REFERRING ORGANIZATION:** Must fill out the entire form.

A CADC staff member will contact the parent/client when the diapers become available for pick up.

**EACH MONTH a new referral form is required to be completed by the Referring Organization.**

Referring Organization: \_\_\_\_\_  
 Organization Contact: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**\*\*\* CADC will contact families as diapers become available for distribution. \*\*\***

CADC STAFF USE ONLY:

Date Referral Received: \_\_\_\_\_ Next Eligible Date: \_\_\_\_\_

Please submit forms by email ([diapers@cadc.com](mailto:diapers@cadc.com)) to the "Next Eligible Date" to verify diaper availability

Wipe Quantity: \_\_\_\_\_ Diaper size and quantity: \_\_\_\_\_

CADC Authorization: \_\_\_\_\_