



Beneficiary Intake Application One Diaper Canada

Please completely fill out the information requested below. This information assists us in determining how we can best support you as well as how to put together a cloth diapering package that best suits your needs. All information that you provide is kept strictly confidential.

Contact Information

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Street Number and Name: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email Address: _____

Number of Children Needing Diapers:

Name of Child (optional)	Age of Child (helps us choose size)	Weight of Child (helps us choose size)	Gender (optional, but helps us choose colours!)

Does the child(ren) listed above have any special needs or allergies? If yes, please indicated which child and provide a brief explanation. Feel free to include more information on the back of this age or on an additional sheet:

Have you used cloth diapers before?: _____



Financial Information:

Please provide your household income for the previous tax year (optional) : _____

Please read and check the following boxes below:

I understand that the information that I have provided in this Intake Form will remain in strict confidentiality of One Diaper Canada and will not be shared with any outside agency or organization.

I have signed and included (attached or will send via appropriate means) the One Diaper Canada Beneficiary Waiver Form.

Printed Name: _____ Signature: _____

Date: _____

If you have any questions or concerns, please contact the organization that referred you or One Diaper Canada directly at info@onediaaper.org.