

# Iowa Tribe of Oklahoma Social Services Department Diaper Closet

## PLEASE READ BEFORE SIGNING

*I, the applicant, have provided complete and accurate information for the Iowa Tribe of Oklahoma.  
I understand that if any fraudulent information was provided, I will be denied services.  
I understand that I cannot receive services again for another **30 days** from the date I have signed below.  
I understand that the application must be fully completed, or assistance will not be provided.*

### Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Physical Address City State zip code

### Household Information

First, Last Name of child(ren) needing diapers	Date of Birth	Gender	Relation to Head of Household	Tribal Affiliation / Non-Tribal

Diaper / Pull-up sizes are on the back.

Is the parent or child(ren) an enrolled member of a Tribe? Yes  No  Parent  Child

\_\_\_\_\_  
 Signature Date

### To be completed by the office only.

Last pick-up: \_\_\_\_\_ Pick-up for someone  Porch drop off  Packet received

Action :  Approved  Denied Reason for denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant can pick either 1 pk diapers or 1 pk pull-ups per child but cannot have both and 1 pk of wipes per child.

### DIAPERS / PULL-UPS / WIPES

DIAPER SIZES		PULL-UP SIZES	
NB		2T-3T Boy	
1		2T-3T Girl	
2		3T-4T Boy	
3		3T-4T Girl	
4		4T-5T Boy	
5		4T-5T Girl	
6		5T-6T Boy	
7		5T-6T Girls	
		WIPES	