



# Family Support Diapers/Wipes Request

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

Applicant Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

TCM: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicaid? YES  NO

FY19 Diapers/Wipes Funding Used: \$ \_\_\_\_\_ Funding Requested: \$ \_\_\_\_\_

**Diapers/Pull-Ups/Depends:**

Size \_\_\_\_\_ Brand \_\_\_\_\_

Size \_\_\_\_\_ Brand \_\_\_\_\_

Quantity \_\_\_\_\_ Unit cost \$ \_\_\_\_\_

Quantity \_\_\_\_\_ Unit cost \$ \_\_\_\_\_

Total amount requested \$ \_\_\_\_\_

Total amount requested \$ \_\_\_\_\_

**Wipes:**

Brand \_\_\_\_\_

Quantity \_\_\_\_\_ Unit Cost \$ \_\_\_\_\_

Total amount requested \$ \_\_\_\_\_

- **Please attach copy of original receipt if requesting reimbursement for items**
- **A bid for items being ordered by the CDDO must accompany request**
  - **Bids must include tax and shipping (if applicable)**

**Explanation of Need:**

Route of purchase:

CDDO Order

Receipt Reimbursement

Payable to Agency/Vender