



Family Support Diapers/Wipes Request

Date: _____

Applicant Name: _____ Social Security: _____ DOB: _____

Parent/Guardian Name(s): _____

Address: _____

TCM: _____ Phone: _____

Medicaid? YES NO FY22 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