**Toiletry Drive Application**

# **Last Day to Register**: June 30th 2021**Event Date:** July 10th 2021

*\*\*Must be disabled and a Camden city resident\*\**

Date: Click or tap to enter a date.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | Phone Number: | Click or tap here to enter text. |
|  |  |  |  |
| Address: | Click or tap here to enter text. |
| City/State: | Click or tap here to enter text. |
| County: | Click or tap here to enter text. |
| Zip code: | Click or tap here to enter text. |
|  |
| Date of Birth: | Click or tap here to enter text. |
| Race: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Are you disabled? | [ ]  Yes | [ ]  No |
| What is your disability? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| How many adults are in the household? | Click or tap here to enter text. |
|  | Do any of the adults require diapers/depends? | [ ] Yes | [ ] No |
|  | If so, what size do they require? | Click or tap here to enter text. |
|  |  |  |
| How many children are in the household? | Click or tap here to enter text. |
|  | Please list children’s names and ages below. *Ex: Sally Sue, 6 years old*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
|  | Do the children require diapers? | [ ] Yes | [ ] No |
|  | If so, what size do they require? | Click or tap here to enter text. |
|  |  |  |
| How many total people are in the household, including yourself? | Click or tap here to enter text. |

Please select the toiletry items you are requesting. Camden City Independent Living center will do our best to accommodate your needs. Please be as specific as possible regarding personal care items, including sizes for personal care items.

[ ] Toothpaste

[ ] Dental floss

[ ] Female Sanitary Products

[ ] Bar soap/body wash

[ ] Combs/Brushes

[ ] Shampoo and Conditioner

[ ] Deodorant

[ ] Children’s Diapers

Please list sizes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Razors and shaving cream

[ ] Water-based lotions

[ ] Nail care kits

[ ] Facial tissues

[ ] Hand soap

[ ] Toilet paper

[ ] Adult Diapers

Please list sizes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Toothbrushes

[ ] Children’s Pajamas

 Please list names and sizes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Face Masks

[ ] Hand Sanitizer

[ ] Children’s Socks

 Please list names and sizes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this form may result in a delay in assistance.

Person completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Executive Director Approval: \_\_[ ] \_\_\_Yes \_\_[ ] \_\_ NO