

Diaper Distribution Data Collection

Please complete this form with families every time they receive diapers.

* 1. Date of Service

Today's Date

Date

MM/DD/YYYY

* 2. Organization Name

* 3. In which county (or reservation) does the family reside?

* 4. How many children are receiving diapers?

* 5. How many **total diapers/pull-ups/briefs** are you distributing to this family? (Please write one TOTAL for all types combined - i.e. do not case or sleeve count, or size or type)

* 6. If distributing baby wipes, how many **total packs** did this family receive?

* 7. This client/family:

- is receiving diapers for the **first time ever** from the DDDRP program
- has received diapers **at least once already** from the DDDRP program

Diaper Distribution Data Collection

First-Time Diaper Recipient

* 8. Please create a **Unique Diaper ID #** [at this link](#) and copy and paste it below.

Important: Starting October 1, 2025, some providers will assign a different type of Family ID number to new families.

Every family must have **one unique ID number** that will be entered when receiving diapers, and will be used to aggregate data from:

- The enrollment survey (BES)
- All diaper distributions
- The outcomes survey

Check carefully that the number you enter here is the same number your family uses every time.

* 9. Please use this Unique Diaper ID # to complete the BES with this family before moving forward. [BES English](#)

- A BES survey has been submitted for this family.
- This family declined to complete the BES.

Diaper Distribution Data Collection

Recurring Diaper Recipient

Fill this out each time a returning family receives diapers

* 10. Please copy and paste to enter this family's **Unique Diaper ID #**.

* 11. Was this family given information about, or connected with, any **new** resources (additional wrap-around services) today? Please select all that apply.

- Advocacy and Community Education
- Asset Building
- Basic Needs Support
- Children, Youth, and Parents
- Community Economic Development
- Domestic Violence Victims Assistance
- Energy/Utility Assistance
- Food Assistance
- Health Care Resources
- Head Start / Early Head Start
- Housing and Homelessness Support
- Migrant / Farm Worker Services
- Rental Assistance
- Re-Entry Services
- Senior Services
- Veterans Services
- Other (please specify)

- None of the above

12. Do you have feedback about this program or services, including how it has impacted your family?