

Diaper Access Survey for Grant Recipients

In order to enhance the public's ability to access diapers through DDDRP, OCS is creating documents with information about how to receive free diapers. These documents will be posted on the DDDRP website (www.acf.hhs.gov/ocs/programs/diaper-distribution-pilot). In this form, please provide any information that your organization would like to be available to the general public. OCS aims to provide easy-to-understand information about when, where, and how families can receive diapers for their children.

This is a voluntary collection of information. It should take you about 30 minutes to complete this survey. The information shared will be made public.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to help the federal program team understand how the public can access diapers through DDDRP. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 9/30/2025. If you have any comments on this collection of information, please contact Juliana Melara at juliana.melara@acf.hhs.gov.

Diaper Access Survey for Grant Recipients

1. What is the name of your organization?

2. What other partner organizations do you work with to distribute diapers?

3. How would a family receive diapers from you?

If families must pick up their diapers, please provide the list of pick-up locations.

If you deliver diapers directly to families, please provide the areas where you deliver.

If your program operates differently, please provide details.

4. Please describe any geographic eligibility criteria (e.g., resident of a certain geographic area). If this varies by partner organization, please list the eligibility for each partner.

5. Please describe income eligibility criteria (e.g., must have an income below a certain level).

If this varies by partner organization, please list the eligibility for each partner.

6. Please describe any eligibility criteria related to participation in other programs (e.g., must be enrolled in another program, like Head Start or WIC). If this varies by partner organization, please list the eligibility for each partner.

7. Please describe any other eligibility criteria. If this varies by partner organization, please list the eligibility for each partner.

8. If you distribute on certain days or times, please provide a list of those dates (or a link where clients can see upcoming distribution dates). If you distribute by appointment, please provide information about how to schedule an appointment.

9. If families need to enroll in advance, please provide information about how to do so (for example, a phone number or online link to registration form).

10. If families need to bring particular materials in order to pick up diapers (for example, birth certificate or proof of income), please provide that list here.

11. If families would like to talk to someone to better understand your program, who is the correct contact person and what is their contact information?

12. If you have a website, social media, or flyer that you would like linked to this document, please provide that link.