

## 2024 Diaper Bank Program Self-Declaration of Low-Income and/or Public Benefits

This form allows for recipients of the FY24 State of Michigan Diaper Assistance Program to self-declare their income eligibility.

The completed and signed declaration can be printed or emailed to the community partner issuing supplies. Completed forms must be submitted monthly to the lead Community Action Agency administering the funding. Completed forms must be entered into empowOR and saved to the client file by the lead Community Action Agency for Michigan Department of Health and Human Services, Bureau of Community Action and Economic Opportunity monitoring and reporting requirements.

### **APPLICANT INFORMATION (REQUIRED)**

<b>Applicant Name</b>	
<b>Applicant Date of birth</b>	
<b>Address (including city, state, zip, county)</b>	
<b>Community partner issuing supplies</b>	

**Please select the following option(s) that best describes your eligibility:**

Current (within past 12 months) recipient of:

- Food Assistance Program (Supplemental Nutrition Assistance Program),
- Family Independence Program (Cash assistance),
- State Emergency Relief,
- Weatherization,
- Community Services Block Grant Assistance,
- Low- Income Household Assistance Program,
- Supplemental Security Income

**or**

Gross Monthly Income:

Number of household Members:

### **RECIPIENT INFORMATION (REQUIRED) (add more lines if needed)**

Diaper Recipient: First and last name	Date of Birth	Race (Optional)	# of diaper packs	# of Wipes	# of Ointments	# of Powders	Other Diaper Supplies

### **CERTIFICATION (REQUIRED)**

I declare under penalties of perjury that the foregoing representations of the income for my household are true, correct, accurate, and complete in all respects.

I understand that providing false, incomplete, or inaccurate information on application forms may result in termination of participation in the Program and possible criminal liability.

<b>Signature of Applicant</b> (electronic signature accepted)	
<b>Date</b>	

***Income must be at or below the following to qualify for TANF funding***

<b>Household/ Family Size</b>	<b><u>200%</u></b>
<b>1</b>	\$29,160
<b>2</b>	\$39,440
<b>3</b>	\$49,720
<b>4</b>	\$60,000
<b>5</b>	\$70,280
<b>6</b>	\$80,560
<b>7</b>	\$90,840
<b>8</b>	\$101,120
<b>9</b>	\$111,400
<b>10</b>	\$121,680
<b>11</b>	\$131,960
<b>12</b>	\$142,240
<b>13</b>	\$152,520
<b>14</b>	<u>\$162,800</u>

**Temporary Assistance for Needy Families**

*Households with children aged 17 years or younger and at or below 200% FPL*

**State General Funds**

*Households with recipients 18 years and older and/or greater than, or equal to, 200% FPL*