**The Changing Table**

Community Partner Application

The Changing Table is a 501(c)(3) nonprofit charitable organization. Our mission is "improving the health and dignity of Mid-Missouri families by providing sustainable access to diapers and period products."

The Changing Table gives diapers and period products to families through partnerships with like-minded organizations. We do not give products directly to families. We are looking for partners who work with women and families with diaper aged children. Our goal is to help strengthen the services your organization already provides by helping families gain access to these basic needs while also receiving support from you.

Please tell us more about your organization, the social service(s) you provide and some general information about your average diaper needs (number of families you serve with diaper needs, sizes needed, frequency of distribution, etc)

After filling out this form, please fill out the Partner Agreement form.

One of our volunteers will be in touch with you in the days following submitting these forms. The Changing Table has the right to decline applications based on a variety of criteria and community needs. During this application process, a site visit and/or agency interview may be requested.

If your application is approved you will be contacted and on-boarded as a Community Partner. At that time you will be able to order and distribute products to the individuals you serve.

1. Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you a new or renewing partner? New Recurring
3. Which best describes your organization?
   1. 501c3
   2. Religious organization
   3. School
   4. Government organization
   5. Other:
4. Organization physical address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Organization mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Organization phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Director Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Director Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Main Contact Name (if other than director):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Main Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Describe your organization's mission and how it serves the community:

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1. How does having access to diapers and period supplies impact your organization?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Which counties do you serve?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Approximately how many diaper users would you serve each month?\_\_\_\_\_\_\_\_\_
4. Approximately how many period users would you serve each month?\_\_\_\_\_\_\_\_\_
5. What size diapers do you typically need? Circle all that apply.
   1. Newborn
   2. Size 1
   3. Size 2
   4. Size 3
   5. Size 4
   6. Size 5
   7. Size 6
   8. Size 7
   9. Pull-Ups
6. What type of period supplies will you need?
   1. Tampons
   2. Pads
   3. Menstrual Cups
   4. All
7. How frequently do/will you distribute diapers/period supplies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. How will you determine who receives diapers?
   1. Needs based
   2. Income based
   3. Other:
9. What days/times are you the most available to pick-up your orders?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Orders need to be pick-up in at our location in Osage Beach. Will you be able to do this?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Do you receive diapers or period products from other sources?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Do you currently have a budget for diapers or period products? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. If approved, may we use your agency's information on our website as a partner agency? If so, please email logo and contact information for the general public to [jessica@changingtable.org](mailto:jessica@changingtable.org)
14. When giving out diapers you will be required to fill out a simple, one page sheet of paper each time you give diapers out. Most questions are "circle answer" questions. Are you willing and able to do this?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. In order to distribute diapers from The Changing Table each diaper user will be given a "diaper user number" that consists of their birthdate and the last 4 of the diaper user's social security number. This number will be required on each of the paper forms each time you give out diapers. It's how we track how often and where diaper users are going for supplies. We will provide you will cards to write the diaper user number on so that the person can present it each time you give them diapers. Are you willing to require this information from your clients? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below you agree that you have provided honest answers to the best of your ability.

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Signature Date

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Printed Name

Office Use Only:

Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decline Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_