|  |  |  |  |
| --- | --- | --- | --- |
|  | BABY BUNDLE, INC Application form |  |  |
|  |  | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Signature of Applicant:** | |  |  | | | | | | | | | | |  | |  | **I acknowledge and agree to the above disclaimer and I understand that the use of the Baby Bundle is at my own risk** | | | | | | | | | | | Date | |  | Referred by or requested by | | | | | | | | | | |  | | | | | | |  | |  | | | | | Cause of Hardship for Maternity Package | | | | | | |  | | Representative name and organization | | | | | MATERNITY PACKAGE RECIPIENT INFORMATION | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | |  | | | |  | |  | | Name of recipient | | | | | Cell Phone | | | | | | Email Address | | |  | | | | | | | | | | | | | | ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | | |  | | | |  | |  | | | |  | |  | | Mother Name | | | |  | | Father Name | | | |  | | Father DOB | |  | | | | | | | | | | | | | | Mother Occupation Education Language preference | | | | | | | | | | | | | | Stay at Home Y or N Gender if known boy / girl / neutral | | | | | | | | | | | | | |  | | | | | | |  | |  | | | | | Mother DOB | | | | | | |  | | Child Date of birth or Due Date | | | | |  | | | | | | |  | |  | | | | | HAS THE SAME FAMILY APPLIED BEFORE/WHEN? | | | | | | |  | | Name of child if known | | | | |  | | | | | | |  | |  | | | | | Other/Special Requests | | | | | | |  | | Number of children in household and their ages | | | | | **IMPORTANT REQUIREMENTS READ BELOW!** | | | | | | |  | | **BABY BUNDLE INC.** | | | | |  | The application does not guarantee availability of the Maternity Package! | | | | | | | |  | | | | | | |  | |  | | | |   **Please fill out the attached form in order to be considered for the Maternity Package.**  **Once the inquiry form has been filled out you can take a picture of the form or scan it and e-mail back to Baby Bundle Inc. for review.**  **This application does not guarantee you will be granted a Baby Bundle Box, see the requirements here below and note that the maternity packages are only possible to be provided if there are enough donations to provide for the essential items in packages and they also vary depending on the donations received.**  **You can apply for a maternity package if you are in need of baby essentials from 0-12 months due to financial hardship for your FIRST PREGNANCY. Repeated requests are not allowed within the same family and some restrictions apply if there are multiple children in the family.**  **A prerequisite for receiving the maternity package is that you must visit a doctor or a maternity clinic/child health clinic for a health check before you give birth. In practice, this means a health check that you have before the child is born.**  **You must also get a certificate from a doctor or a maternity and child health clinic showing how many weeks along you are and can only apply after your 7th month of pregnancy. You can apply for a maternity package up to the baby is 3 months old and a copy of birth Certificate is required.**  **The maternity package can be awarded to persons who are residing in Northern New Jersey and Manhattan at the present time.**  **Include the child’s maternity proof from Doctor or the Birth Certificate with your application or the application will not be processed.**  **Baby Bundle, Inc.**  **A Non-Profit Organization helping all children to have an equal start in life**  **Respectfully,**  **Reception at BABY BUNDLE INC.** | |  |