



Community FoodBank of NJ - Commodity Acceptance Sheet (Diaper Bank & Period Initiative)

Agency Name _____ Agency ID: _____

MONTH _____ YEAR _____ Distribution Location : _____
 (If Different from Delivery Address)

Please fill in the Size you distributed to each neighbor and number of sleeves of diapers, and/or number of packs of pads.

For the Adults, Children and Menstruators information, this should ONLY reflect the individuals who are using these products. This can potentially differ from the total adults, children or menstruators for a given household.

	DATE	PRINTED NAME	# Adults in HH	# Children in HH	# Menstruators in HH	Size NB	Size 1	Size 2	Size 3	Size 4	Size 5	Size 6	Size 7	Adult M	Adult L	Adult XL	Maxi Reg	Maxi Thin	ADDRESS	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
TOTAL # OF →																				

Total Adults Served	Total Children Served	Total Menstruators Served	Total Newborns	Total Size 1	Total Size 2	Total Size 3	Total Size 4	Total Size 5	Total Size 6	Total Size 7	Total Adult M	Total Adult L	Total Adult XL	Total Maxi Reg	Total Maxi Thin	Total # of Households			
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