



Annual Agency Report

Date: ____ / ____ / ____

Agency Name: _____

Contact Person: _____

Total Number of Families Who Have Received Diapers this Year: _____

Total Number of Children Who Have Received Diapers this Year: _____

Total number of Diapers Distributed this Year: _____

Newborn: _____	Size 1: _____	Size 1/2: _____
Size 2: _____	Size 5: _____	Medium: _____
Size 3: _____	Size 6: _____	Large: _____
Size 4: _____	Pull-up: _____	XLarge: _____
Other: _____		

Do clients request other hygiene products? yes/no If yes, which items are requested?

Were you able to meet the need for diapers for all clients requesting diapers? yes / no
If no, why not? _____

In what towns do your clients live? _____

What percentage lives in each town? _____

Do clients indicate that getting diapers helps them? _____

If so, in what way does it help them? _____