



Diaper Baby Mobile Wellness Program

**A partnership between the DC Diaper Bank,
Washington Adventist University and Bowie State
University, Schools of Nursing and the Greenbelt
Assistance in Living Program (GAIL)**



- This **free** program is open to low-income families, with children ages birth - two years of age, who wear diapers, and live in incorporated Greenbelt.
- Participants will receive up to 3 home visits, (one visit every other week), from student nurses.
- Home visits will be scheduled on Thursdays between the hours of 9:00 a.m. - 3:00 p.m. and begin Thursday, June 21st.
- Nurses will call families to schedule the first home visit on Thursday, June 14th.
- Free services offered include:

- Diapers delivered to family each visit
- Baby Wellness Nursing Assessment
- Information and Resource Linkage
- Baby Milestone Progress Review
- Healthy Eating Education
- Medication Safety
- Formula and Baby Accessories monthly

**Enrollment is open now.
Space is limited.
Call Sharon Johnson,
GAIL Case Manager,
to register at 240-542-2029
or sjohnson@greenbeltmd.gov**





Diaper Baby Mobile Wellness Program Registration Form



The City of Greenbelt's Assistance in Living Program is partnering with the DC Diaper Bank and other community partners to offer a Pediatric Wellness Program to families in our incorporated Greenbelt community. Program participants will receive a variety of baby items, including diapers, in addition to a wealth of health & wellness information.

Please complete the form below and return the form to our office - City of Greenbelt - GAIL Program | 25 Crescent Road, Greenbelt, MD 20770.

Student nurses will contact participants the week prior to schedule the first home visit.

Participant Name: _____ Phone Number: _____

Greenbelt Address: _____

Email Address: _____

Family Size: _____ # of adults: _____ # of children age 2 and under: _____

Primary Language Spoken in the home: English _____ Spanish _____

Child's Name	Age	Boy/Girl	Date of Birth	Diaper Size	Formula Type
1.)					
2.)					
3.)					
4.)					
5.)					



What products are you and your family in the most need of? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Tampons/Pads |
| <input type="checkbox"/> Soap | <input type="checkbox"/> Laundry Detergent |
| <input type="checkbox"/> Baby Proofing Items | <input type="checkbox"/> Dental Products |
| <input type="checkbox"/> Baby Clothes | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Feeding Products (Bottles, formula, etc.) | |
| <input type="checkbox"/> Nursing Bras (Include Size) | <input type="checkbox"/> Breast Pumps |
| <input type="checkbox"/> Strollers (Include Child's weight) | <input type="checkbox"/> Children's Books |
| <input type="checkbox"/> Bouncy Chairs (Include Child's weight) | |
| <input type="checkbox"/> Other: | |



Thank You for Registering!

This program is brought to you by the partnership between

