Cribs Post: Car Seat Post: Pick-up Date: Pick-up time:

Referral Form for *Cribs for Kids® Program and Kids in Safety Seats Program*

Contact Tricia Mangold at tmangold@howardcountymd.gov or 410-313-6109 with questions.

CHECK WHICH PROGRAM(S) THE FAMILY IS BEING REFERRED TO:

☐ *Cribs for Kids®* ☐ *Kids in Safety Seats*

For Completion by Referring Staff Member: *Please fill out this form completely with your client.*

Date of Referral:____________**Referring Agency**: ____

Staff Name, Phone #, & Email: ____

Need of Client *(brief description of family circumstances to support need)*: __________________________

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Eligibility Guidelines: *(Check all that apply)*

☐ Howard County Resident (*Required*) ☐ MD Children's Health Program/Medical Assistance/Medicaid Card

☐ Howard County WIC Recipient ☐ Supplemental Social Security Income (SSI/SSDI) recipient

☐ Temporary Cash Assistance/Food Stamps/SNAP ☐ Unemployment Benefits ☐ Other:

Does the client have a safe crib, bassinet, or pack-n- play? ☐ Yes ☐ No

Does the client have a toddler bed for their child(ren) ages 2 to 4? ☐ Yes ☐ No

Does the client have a car seat or booster seat for their child(ren) ages birth to 8 years old? ☐ Yes ☐ No

Recipient's Information:

Name of Client:____

Address:____ **City:** _______________ **Zip Code:** ___________

Preferred Language: ______________________________________ **Interpreter Needed?** ☐ Yes ☐ No

Email (*Required*)**:** ______________________________________ **Phone #** (*Required*)**:** _________________

The client gives consent for staff to send texts messages related to this referral to the cell phone number provided above.

☐ Yes ☐ No

Due Date:__________________________ ***OR*** **Child's DOB:** _________________

Child's Estimated Weight:_______________**Child's Estimated Height:** _________

Email completed referral form to tmangold@howardcountymd.gov

CAREAPP users are to upload this completed referral form to your CAREAPP referral.

Incomplete referral forms will be returned to the sender.