

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

Contact Natalie Hall at [nhall@howardcountymd.gov](mailto:nhall@howardcountymd.gov) or 410-313-6295 with questions.

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

- Cribs for Kids® Program (no fee)
- Kids in Safety Seats Program (\$40 fee per car seat)

**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):** \_\_\_\_\_

\_\_\_\_\_

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

**Does the client have a car seat?**  Yes  No

**Eligibility Guidelines:** *(Check all that apply)*

- Howard County Resident
- 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: \_\_\_\_\_

**Recipient’s Information:**

**Name of Mother/Guardian:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

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

- Yes  No

**Email:** \_\_\_\_\_

**Race:**  Asian  Black  White  Other \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic **Interpreter Needed?**  Yes  No

**Baby’s Due Date:** \_\_\_\_\_ **OR Baby’s DOB:** \_\_\_\_\_

**Baby’s Estimated Weight:** \_\_\_\_\_ **Baby’s Estimated Height:** \_\_\_\_\_

*Email completed referral form to [nhall@howardcountymd.gov](mailto:nhall@howardcountymd.gov)*

*\*CAREAPP users are to send a referral through CAREAPP and attach this completed referral form\**

***Incomplete referral forms will be returned to the sender.***

**Completed by Program Coordinator:**

**Notes:**

Staff Contacted Client On: \_\_\_\_\_

Staff Emailed Class Info. On: \_\_\_\_\_

Crib Pre-Questionnaire Score: \_\_\_\_\_ Car Seat Pre-Questionnaire Score: \_\_\_\_\_

Crib Post-Questionnaire Score: \_\_\_\_\_ Car Seat Post-Questionnaire Score: \_\_\_\_\_

Circle all that apply:  Received a crib  No longer needed a crib  Received a Car Seat  No longer needed a car Seat

