

Einstein CRIBS for KIDS Program

Referral Form

Please complete **ALL** sections of this referral form (either *prenatal* **OR** *postpartum* sections **AND** the other sections) and then fax or e-mail to above contact. In order to refer a **postpartum** client, the baby must be under nine (9) months of age (with some emergency exceptions possible with assessment). **All information must be completed by a referring agency and signed by the client. Pack & Plays will not be delivered until after the birth of the infant. Families are only eligible once in a lifetime for the CRIBS for KIDS program.**

❖ REFERRAL SOURCE INFORMATION

Date of Referral: ____/____/____

Referring Agency: _____ Contact Person: _____

Agency Phone: (____) _____ Agency E-mail _____

❖ CLIENT INFORMATION

Client Name: _____ DOB: ____/____/____

Relationship of client to child (Please circle):

Mother Father Grandparent Other _____

Address: _____ Apt # _____ Floor _____

City, State, Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Race: Asian White Ethnicity: Non-Hispanic
 Black Other _____ Hispanic

Does the client need an interpreter? Yes No

If Yes, what language? _____

❖ HOUSEHOLD INFORMATION

Total Number of People in Household: _____

Total **Household** Income: _____

Environmental Smoke: Mother smokes: NO YES (If yes, select all that apply)

Before pregnancy During pregnancy After pregnancy Location: Inside Outside

Members of household smoke: NO YES Location: Inside Outside

Is your family receiving any of the following public benefits (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> TANF/Cash Assistance | <input type="checkbox"/> Housing Choice Voucher (formerly Section 8)/Public Housing or Subsidized Housing |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Child Care Subsidy (CCIS) |
| <input type="checkbox"/> Social Security Disability | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> SSI | |
| <input type="checkbox"/> Food Stamps/SNAP | |

CRIB # _____ (For Office Use)

Einstein Cribs for Kids Referral Form- Revised 10/2018

Crib Delivery Date: _____

❖ **PRENATAL INFORMATION**

Infant Due Date: ____/____/____

Is this client's first pregnancy? YES NO Does not want to answer

If NO, how long has it been since client's last pregnancy? _____ Years

Has the client ever experienced any of the following:

Premature birth (more than 3 weeks before due date) Low birth weight (less than 5lb 8oz)

Miscarriage Stillbirth SIDS/ other unknown infant death None of these

Is client receiving prenatal care? YES NO

If YES, where is client receiving prenatal care? _____

If YES, how many weeks pregnant was client when she had her first prenatal appointment? (Do not include a visit that was only a pregnancy test.) _____ Weeks

Preferred Delivery Hospital: _____

Does client have health insurance? YES NO

If YES, who is the health insurance provider? _____

❖ **POSTPARTUM INFORMATION**

Infant's Full Name: _____ DOB: ____/____/____

Male Female

Premature (more than 3 weeks before due date) If yes, # of weeks premature: _____

Race: Asian White Black Other _____ Ethnicity: Non-Hispanic Hispanic

Birth Hospital: _____ Pediatrician's Office: _____

NICU Yes No Weight at birth _____

Current weight _____

Receiving WIC: Yes No

Does infant have health insurance? Yes No Insurance Provider: _____

Feeding: Breastfeeding Formula Both
Child Care: Mom at Home Center-based Relatives/Friends Other _____
Current Sleep Location: Bed Car Seat Sofa Other _____

Do you have one of the following:

Crib Bassinet None of these
 Pack 'n Play Other (something borrowed, etc.)

How do you lay your baby down to sleep? (Check all that apply)

Back Belly Side Baby is in hospital

❖ **CONSENT FOR REFERRAL and FOLLOW-UP**

I allow the referring agency to provide my referral information to the Einstein CRIBS FOR KIDS Program to obtain a crib for my infant. I understand that the safest place for my infant to sleep is on his/her back, in a safety-approved crib, in a smoke-free environment. The CRIBS FOR KIDS Program would like to contact people who have received a crib to evaluate how we are doing.

May we call you? YES NO

Parent/Caregiver

Date