

Program Guidelines for Referring Agencies

***Note - This program is a community resource to meet the urgent and crisis needs of Delaware County families.** As a follow up to this referral we ask the question “*What would you do if the program cannot give you a cribette?*” The response is often that the referred person will ask a friend or family member to buy one. Examples of emergency need include; domestic violence, displacement due to homelessness or fire, critical lack of resources so that baby is sleeping in bed or on couch with family members. Limited resources to support this program require that we review all referrals closely to determine need to make sure supplies are available year-round for crises.

Please note:

- **Cribettes are distributed during twice monthly group education sessions. These sessions are held on the 2nd Thursday and the 4th Monday of each month at 10 a.m. Emergency situations will be handled on a case by case basis. Cribs for Kids recipients are asked to participate in a one-hour infant safety and health education program prior to receiving a cribette.**

The Delaware County Cribs for Kids Program is administered by The Foundation for Delaware County, Women’s and Children’s Programs and funded through donations and grants. Monetary donations to support this initiative can be made to Delaware County Cribs for Kids, c/o The Foundation for Delaware County, 200 E. State Street, Suite 304, Media, PA 19063. The program **will not** accept donations of used cribs.

The Portable Cribette is distributed to residents of Delaware County who meet with the following guidelines:

- ✓ Requests for a crib must be made through a referring agency (see attached referral form); **no self-referrals will be accepted.** ***Please review the guidelines below with the referral.***
- ✓ The baby in need of a cribette must be a Delaware County resident. The family must be unable to obtain a crib from other sources. This program is considered an emergency resource. The child must be **under one (1) year of age and weigh less than twenty-five (25) pounds.**
- ✓ The family can receive one cribette per baby, per household.
- ✓ Parent/Caregiver will be **required** to participate in a one-hour health education and infant safety program. Families receiving cribettes must also complete the SIDS and Safe-Sleep Beliefs Questionnaire and the Hold Harmless Release form when they arrive at the Cribs for Kids Resource Center to pick up their Cribette and educational materials.
- ✓ Parent/Caregiver must sign the Cribs for Kids Program Referral Form – Agreeing that the family will follow safe sleeping practices. Referring agency can authorize the agreement with parent/caregiver’s permission if not present to sign.
- ✓ The form can be faxed to (610) 497-7472 or completed, scanned and emailed to Delaware County ‘Cribs for Kids’ at cribsforkids@delcofoundation.org for processing.
- ✓ If approved to receive a crib, the Parent/Caregiver will be notified by the Delaware County Cribs for Kids Program through a phone call and will be scheduled for the next education/distribution session.

Delaware County Cribs for Kids
The Foundation for Delaware County
Baldwin Tower, Suite 300/301
1510 Chester Pike, Eddystone, PA 19022

Contact Person: Denise Martin
(610) 619 – 6113 (office)
(610) 497 - 7472 (fax)
cribsforkids@delcofoundation.org



**Delaware County Cribs for Kids Program
Referral Form**



Today's Date: _____ Why is this referral urgent or crisis? Please explain (**unemployment is not an urgent situation**) **If this referral form is not completed in full, it will delay the referral process:**

Name of parent/caregiver requesting cribette: _____

Relationship to infant: _____ Parent/Caregiver Birth date: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Is this address permanent: _____ yes _____ no

Home Phone Number: _____ Cell Phone Number: _____

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

If pregnant is mother smoking now? __yes __no Is anyone else in the household smoking? __yes __no

Baby's Name: _____ **Baby's Due Date:** _____ **Baby's Birth date (if born):** _____

Health Insurance: Mother _____ Yes _____ No Provider: _____

Baby _____ Yes _____ No Provider: _____

Are you working? _____ yes _____ no _____ left work while pregnant/on Maternity Leave

Is anyone in the household working? _____ yes _____ no

Is your family receiving any of the following? _____ TANF/Cash Assistance _____ Disability
_____ Medical Assistance/Medicaid _____ Social Security
_____ WIC _____ Food Stamps _____ Section 8 Housing

Do you have a: _____ Crib _____ Pack 'n Play _____ Bassinet _____ Other (something borrowed, etc) _____

None of the above

*Referring Agency: _____ *Contact Person: _____

*Date of Referral: _____ *Telephone Number: _____ *Email: _____

*How did you hear about the Cribs for Kids Program? _____

Agreement for Referral

I agree to allow _____ to provide my referral information to the
(referring agency name)

Delaware County 'Cribs for Kids'® Program to obtain a cribette for my baby. I understand that the safest place for my baby to sleep is on their back in a safety-approved crib.

Signature of Mother or Guardian of Baby

Print Name

Date

OFFICE USE ONLY

REVIEW APPROVAL _____ SCHEDULE DATE _____

This form can be faxed to the Delaware County Cribs for Kids Program at (610) 497-7472 or scanned and emailed to cribsforkids@delcofoundation.org