

**Referral Form for Cribs for Kids® Program and Car Seat Assistance 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)       Car Seat Assistance 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 #: \_\_\_\_\_

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:**

Referral Received On: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_

Staff Contacted Client On: \_\_\_\_\_ Rescheduled Appointment Date/Time: \_\_\_\_\_

Staff Shared Class Info. On: \_\_\_\_\_ Client Completed: (check all that apply)

Client Completed:      Provided the Certifications for Video Completion:

Questionnaire: \_\_\_\_\_ Signed Crib Agreement Sheet:  Received a Crib:

Pre/Post Test (Car Seat): \_\_\_\_\_ Signed Car Seat Agreement:  Received a Car Seat:  Paid for Car Seat:

