



SCAN/EMAIL COMPLETED REFERRAL TO tllongo@howardcountymd.gov. *Please do not fax.*

CAREAPP users please send referral through CAREAPP and attach document.

Referral Form for *Cribs for Kids*® Program and Car Seat Assistance Program

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

Cribs for Kids® Program (no fee):

Car Seat Assistance Program (\$40 fee):

For completion by Referring Staff Member:

We ask that you please take the time to fill out the referral form completely with your client, making sure to include all information requested.

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 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: _____

For completion by Program Coordinator:

Date of phone contact with recipient: _____ Appointment date/time: _____

_____ Rescheduled Appointment date/time: _____

_____ Rescheduled Appointment date/time: _____

Date confirmation was letter sent: _____

Notes:

Questions? Contact Program Coordinator, Tricia Longo, at tllongo@howardcountymd.gov or 410-313-6109