



**Jefferson County General Health District  
Cribs for Kids Referral Form**

**Fax completed form to Hannah at 740-284-2836**

**Parent/Guardian Information:**

Name of Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

**Eligibility Requirements: (Please check all that applies to referral)**

- Jefferson County Resident
- WIC Eligible and/or on Medical Card
- Pregnant in 3<sup>rd</sup> Trimester – **Due Date:** \_\_\_\_\_
- Child up to 12 months of age

**Baby's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Additional Referral Information:**

**How did you hear about the Jefferson County Safe Sleep-Cribs for Kids program:**

- Newspaper    Flyer    Website    Facebook/Twitter    Friend/Family  
 Community Agency: \_\_\_\_\_  Other: \_\_\_\_\_

**Do you currently have a full-size and/or portable crib at the home?**    YES    NO

**What is the baby's current sleeping location?**  Crib    Pack-n-Play    Adult Bed  
 Car Seat    Sofa  
 Other: \_\_\_\_\_

**Environmental Smoke: Any members of household smoke?**    YES    NO

If yes identify location:   Inside \_\_\_\_\_   Outside \_\_\_\_\_