



# CRIBS FOR KIDS :: POSTPARTUM REFERRAL FORM

Today's date: \_\_\_/\_\_\_/\_\_\_

Baby's Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Please complete ALL sections of this referral form and fax/email to *Cribs for Kids*.**

In order to refer a postpartum client for a crib, an infant must be less than 6 months of age, unless the client is currently involved with the Philadelphia Department of Human Services. If DHS is involved, please complete the entire assessment form, including the DHS questions. We will confirm receipt of referral and contact your client to set up a time for them to receive their crib and safe sleep education. Please note: the majority of the cribs that we provide are Pack 'n Plays, which are portable cribs that have been approved by our National Cribs for Kids Program as safe sleep environments for infants.

### ✦ Client Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Client date of birth \_\_\_/\_\_\_/\_\_\_

Relationship of caller to child

Mother    Father    Grandparent    Other \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Secondary phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Is your residence    Permanent    Temporary

### ✦ Demographic Information

What is your primary language?

- English                       Vietnamese  
 Spanish                       Cambodian/Khmer  
 Mandarin                     Russian  
 Other (specify: \_\_\_\_\_)

If your primary language is something other than English, are you comfortable speaking in English?

- Yes       No

Which one of the following would you say is your race? (*Choose one*)

- |  |   |
|--|---|
| <input type="checkbox"/> Black (African American)          | <input type="checkbox"/> Asian or Pacific Islander (Vietnamese) |
| <input type="checkbox"/> Black (West Africa)               | <input type="checkbox"/> Asian or Pacific Islander (Indonesian) |
| <input type="checkbox"/> Black (Other)                     | <input type="checkbox"/> Asian or Pacific Islander (Other)      |
| <input type="checkbox"/> Hispanic or Latino (Puerto Rican) | <input type="checkbox"/> White                                  |
| <input type="checkbox"/> Hispanic or Latino (Mexican)      | <input type="checkbox"/> American Indian or Alaska Native       |
| <input type="checkbox"/> Hispanic or Latino (Other)        | <input type="checkbox"/> Biracial/multiracial                   |
| <input type="checkbox"/> Other (specify _____)             |   |

✦ Eligibility

Are you working now?

- Yes  No  Maternity leave

Is anyone else in your household working?

- Yes  No

Is your family receiving any of the following public benefits? *Check all that apply.*

- TANF/Cash Assistance  Disability
 WIC  SSI
 Food Stamps/SNAP  Section 8 Housing/Philadelphia Housing Authority
 Child care subsidy (CCIS)  Unemployment

Are you interested in learning about any of these public benefits?

- Yes  No *If yes, please underline above or list here:* \_\_\_\_\_

Do you have health insurance?

- Yes  No

*If yes.* Who is your health insurance provider?

- Aetna Better Health  Keystone Mercy
 UnitedHealthcare (formerly AmeriChoice)  Special Care
 CoventryCares  Employer-based private insurance
 Health Partners  Client doesn't know

Would you like assistance in signing up your child/children for CHIP/Medical Assistance?

- Yes  No

Do you have a MOMobile Advocate?

- Yes  No *If yes,* Advocate's Name/Site: \_\_\_\_\_

Cribs for Kids is working with the Philadelphia Department of Human Services (DHS) and they are paying for cribs for their clients. **This question must be answered in order to process your referral.**

Are you involved with DHS or do you receive In-home Protective Services?

- Yes  No

*If yes, please notify family that crib will not be ordered immediately and that an MCC staff member will contact them and their case worker to order the crib. The family may still be eligible for a crib regardless of DHS status. Please complete these questions:*

DHS worker name \_\_\_\_\_

DHS worker phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

IHPS worker name \_\_\_\_\_

IHPS worker phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

✦ Baby Information

Do you have a....?

- Crib  Bassinet
 Pack 'n Play  None of the above
 Other (something borrowed, etc): \_\_\_\_\_

Where does your baby usually sleep? This includes naptime and bedtime. \_\_\_\_\_

Baby's name	Sex	Birth weight	Current weight

At what hospital was your baby born? \_\_\_\_\_

Was the baby born premature (*more than 3 weeks before its due date*)?  Yes  No

✦ **Referral Source**

Name of contact person making referral \_\_\_\_\_

Referral agency \_\_\_\_\_

Phone number (     ) \_\_\_\_\_

Email address \_\_\_\_\_

Use the following space to provide additional information regarding client's need (i.e. health of mom and baby, if mom is on bed rest, housing environment, domestic violence, no photo ID or proof of benefits, etc). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

✦ **Prenatal care:** *The following questions are not required, if at any point you would prefer not to answer, just let me know and we will skip over it.*

Was this your first pregnancy?

Yes  No (*If no*, how long has it been since your last pregnancy? \_\_\_ years)

Have you ever experienced any of the following in past pregnancies? (*check all that apply*):

Premature birth (more than 3 weeks before its due date)

Low birth weight (less than 5 lb 8 oz)

Miscarriage

Stillbirth

SIDS/other unknown infant death

None of the above

How many weeks pregnant were you when you had your first visit for prenatal care?

\_\_\_\_\_ Weeks

I didn't receive prenatal care  Refused to answer

Did you attend prenatal care regularly?

- Yes     No     Refused to answer

### ✦ Infant Care Practices

How are you feeding your baby?

- Breastfeeding/pump breast milk  
 Formula  
 Breastmilk and formula  
 Other: \_\_\_\_\_

Have you ever breastfed or pumped breast milk to feed your baby?

- Yes     No     Refused to answer

If yes, How many weeks did you breastfeed/pump milk to feed your baby?

- Weeks \_\_\_\_\_  
                  \*(If client answers in months, convert to weeks)  
 Less than 1 week  
 Currently still breastfeeding (weeks as of today \_\_\_\_\_)

If no longer breastfeeding,

What was the reason for discontinuing to breastfeed/pump milk to feed your baby?

- Too difficult                                     Low milk supply  
 Lack of support                                 Medical reason  
 Returning to work/school                     Felt ready to stop  
 Too painful                                       Other (specify: \_\_\_\_\_)

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

- Back     Stomach     Side     My baby is in the hospital

Do you know how others lay your baby down to sleep?

- Yes     No

If yes, others place my baby on his/her:  Back     Stomach     Side

How often does your baby sleep in the same bed as you or someone else (including other adults, brothers or sisters, or other children)?

- Always                    (7 days a week)  
 Almost always        (5 to 6 days a week)  
 Sometimes              (3 to 4 days a week)  
 Rarely                    (1 to 2 days a week)  
 Never

When your baby is sleeping, what else is with the baby?

- Pillow     Receiving Blanket  
 Fluffy blanket/comforter                     Pacifier  
 Bumper     Bottle  
 Toys/stuffed animals                         Other (specify: \_\_\_\_\_)  
 Fitted crib sheet                                 Nothing is in the crib with my baby

About how many hours a day on average is your new baby in the same room or car as someone who is smoking?

- Hours \_\_\_\_\_  
 My baby is never in the same room with someone who is smoking

During your pregnancy, how many cigarettes did you smoke on an average day?

- Cigarettes \_\_\_\_\_  I didn't smoke

How many cigarettes do you smoke on an average day now?

- Cigarettes \_\_\_\_\_  I don't smoke

Because violence is so common in many women's lives and because there is help available for women being abused, we now ask every one we talk with about domestic violence in their lives:

Are you in a relationship with a person who threatens or physically hurts you?

- Yes  No  Refused to answer

### ✦ Consent for Follow-Up

*Cribs for Kids* periodically contacts people who received a crib through the program to help us evaluate how we are doing. May we call you in a few months?

- Yes  No

### ✦ Donation Reminder

We request a donation of anywhere from \$1 to \$20 for each crib. The donation is not required, but if you wish to donate, you will be provided an opportunity to give during your appointment. Please know that every dollar given is used to help other families in need.