



E-mail to: CribsforKids@maternitycarecoalition.org or fax to (267) 773-5117
Questions? Call the Cribs for Kids Hotline at 215-989-3589

CRIBS FOR KIDS :: PRENATAL REFERRAL FORM

Today's date ___/___/___

Baby's Due Date: ___/___/___

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

In order to refer a prenatal client for a crib, the mother must be within 8 weeks of her due date. If DHS is involved, please complete the entire assessment form, including the DHS questions. We will confirm receipt of the referral and contact your client to set up a time for them to receive their crib and safe sleep education. *Please note:* 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.

✦ Parent/Guardian Information

First name _____ Last name _____

Client date of birth ___ / ___ / ___

Relationship of client 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, please specify) | <input type="checkbox"/> Asian or Pacific Islander (Other, please specify) |
| <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, please specify) | <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

Baby's first and last name (if known): _____

- Sex of the baby: Female Male Twins

At what hospital do you plan to deliver? _____

Do you currently have a....?

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

If you brought your baby home today, where would the baby sleep (this includes naptime and bedtime)?

✦ 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 but they do help us provide better education. If you are uncomfortable with a question, we can skip over it.*

Is this your first pregnancy?

- Yes No Refused to answer

If no, How long has it been since your last pregnancy? _____ Years

Have you ever experienced any of the following (*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? Don't count a visit that was only for a pregnancy test or for WIC.

_____ Weeks

I haven't received prenatal care

Do you attend prenatal care regularly?

Yes No Refused to answer

Infant Care Practices

How do you plan to feed the baby?

Breastfeeding/pump breast milk

Formula

Breast and formula

Don't know yet

In what position do you plan on laying your baby down to sleep? (*Check all that apply*)

Back Stomach Side

How likely will your baby sleep in the same bed with you or someone else? This includes naptime and bedtime.

Very likely

Somewhat likely

Somewhat unlikely

Very unlikely

About how many hours a day on average are you in the same room or car as someone else who is smoking?

Hours _____

I am never in the same room as someone who is smoking

In the three months before you got pregnant, 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 *Cribs for Kids* call you in a few months?

Yes No