

Safe Kids Pennsylvania
McKean County Partner
Cribs for Kids Program



Ashley Booth Griffin CARE for Children Center
723 East Main Street, Bradford, PA 16701
Phone: 814-362-4621 or Fax: 814-362-1066
E-mail: reception@careforchildren.info

Date: _____

Recipient's Demographic Information:

Name of Applicant: _____

Relationship to Child: _____

Mother's Name: _____

MOB Email: _____ MOB Phone Number: _____

Father's Name: _____

FOB Email: _____ FOB Phone Number: _____

Child's Full Name: _____ DOB: _____

or Child's Due Date: _____ (MOB must be 30 weeks or more to refer to program)

2nd Child's Full Name: _____ (Use for multi-gestation only)

3rd Child's Full Name: _____ (Use for multi-gestation only)

Gender: _____ Prenatal Care: Yes ☐ No ☐ Multi-gestation (please specify #): _____

Baby's weight: _____ (required if baby is 6 months or older)

Address: _____

Emergency contact Name/Number: _____

Referral Provided By:

Name: _____ E-mail: _____

Organization: _____ Phone #: _____

FORM A

Please return completed referral form via email to: reception@careforchildren.info

Or by fax to CARE for Children: 814-362-1066

For additional information call: 814-362-4621

* Please photocopy this form as needed

CRIBS for KIDS PROGRAM GUIDELINES:

- The program is free for families with demonstrated need who reside in McKean County.
- Families in need of a crib should be referred by a health care provider, at home visitor, or early childhood program.
- Families must be trained at home by a safe sleep educator and fill out a survey and questionnaire and be willing for the safe sleep educator to follow up in 60-90 days.
- If secondary caregivers (like grandparents) are in need of a safe sleep environment a referral can be made. Decisions are made on a case-by-case basis.
- One crib per family except in the case of the birth of multiples (twins or triplets).
- Participation in the Cribs for Kids program is voluntary.

For internal use only:

Date Referral Received: _____

Date Referral Completed: _____

Crib#: _____

Other Items Given: _____

Trainer: _____

Referral Notification with date that crib was dispensed: _____

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