

Dear Colleague,

We have updated the Cribs for Kids® program guidelines to streamline the process for our partner agencies to receive vouchers and cribs to distribute to clients. The Cribs for Kids® program of REACH CNY, Inc. is a partnership of community-based agencies, participating retailers, and families, which provides up-to-date and culturally-sensitive safe sleep education to all families served by the partner agencies, and distributes portable cribs to families that are identified as needing assistance to provide a safe sleep environment for their infants.

Please review the process for obtaining vouchers and cribs:

- 1) Healthcare Professional identifies need and eligibility for crib. To be eligible to receive a crib, the family must reside in Onondaga, or Oswego County, infant needing crib must be 10 months of age or younger and weigh less than 25 pounds. Each family may receive only 1 crib per eligible infant.
- 2) Healthcare Professional contacts REACH CNY by phone (315-424-0009), fax (315-424-0190), or email (cribsforkids@reachcny.org) to request a *voucher*, providing their name, agency, phone, fax, email, and client's name. REACH CNY will issue a numbered voucher, and send it to Healthcare Professional by fax, email, or mail.
- 3) Healthcare Professional will inform the Parent/Caregiver about pick-up or delivery of the portable crib. Parent/Caregiver must adhere to the specified procedures and deadlines related to redeeming the voucher at the store. If the voucher is not used by the deadline, the Parent/Caregiver may still bring the unused voucher and receive the crib (if the infant is still less than 10 months old and weighs less than 25 pounds).
- 4) Each Parent/Caregiver must receive a "safe sleep education" session with her/his Healthcare Professional. The *Education Checklist* must be completed and signed and placed in the client's file. This document does not have to be sent to REACH CNY.
- 5) The Healthcare Professional is responsible for accurately completing the *Cribs for Kids® referral form* and sending it to REACH CNY by email (cribsforkids@reachcny.org), mail or fax (315-424-0190). The referring agency is also responsible for having the crib recipient sign the referral form and *Hold Harmless Agreement*. Note: The referral form can be sent in before the client signs. All client information will be held completely confidential and used only for planning education and programs to reduce risks to infants.
- 6) Healthcare Professionals are urged to make a follow-up home visit 2-3 months after the crib is installed in the home to evaluate the use of the portable crib and the effectiveness of the education. If you are able to do this, please complete the *Evaluation Form* and send a copy to REACH CNY.

Copies of the revised voucher, Cribs for Kids® referral form, Safe Sleep Education Checklist, Hold Harmless Agreement, and Evaluation Form are included with this letter. Please contact REACH CNY with questions or comments.

Sincerely,

Liz Crockett
Executive Director
REACH CNY, Inc.

Cribs for Kids® Program – Referral/Information Form

Parent's/Guardian's Name: _____ Mother's Age _____

Address: _____
Street City State ZIP

Home Phone Number: _____ Cell Phone Number _____

Mother's Race/Ethnicity (please circle all that apply): -Asian -African American/Black
-Caucasian -Latina/Hispanic -Other (please describe) _____

Baby's Name: _____ Date of Birth: _____ or Baby's Due Date: _____

Health Insurance: _____

Please CIRCLE the appropriate responses:**Current Sleep Location:** Adult Bed Car Seat Sofa Unsafe crib Bassinet

Other significant sleep risk? (describe): _____

Current Sleep Position: -Tummy -Back -Side**Environmental Smoke:** -None -Mother smoked: during pregnancy after pregnancy

Others smoke around baby?: No Yes

Identify location: -inside home -outside -in car/truck

Childcare: Home-based Center-based Relatives/Friends Not in childcare**Infant Feeding:** Breast milk breast & formula formula solids**Referring Agency:** _____ **Date of Referral:** _____**Contact Person:** _____ **Telephone Number:** _____**Email Address:** _____**Parent/Caregiver Request: (Note: Caregiver signature NOT required before referral)**

I, _____ am asking for a Graco "Pack-N-Play" portable crib to use for my baby. I agree to attend the Safe Sleep education program. I will use the safe sleep tips to help keep my baby safe.

I understand that the information on this form will be kept confidential and will only be used to plan education and programs to reduce risks to infants.

Parent/Guardian Signature_____
Date