

Sacramento County Safe Sleep Baby/Cribs for Kids
Referral Form

SAFE SLEEP BABY
 Alone. Back. Crib.
 ALWAYS

Thank you for choosing to refer your client to a Safe Sleep Baby Workshop or the Cribs for Kids (crib assistance) program. Referred families will be engaged for Safe Sleep Baby Education and/or Cribs for Kids services. A referral disposition will be provided within 45 working days.

Please complete and email this form to the Child Abuse Prevention Center, ssb@thecapcenter.org

Referral Source Information		
Date Referred:		
Referral Person:	Referral Agency/Organization:	
Address:	Office #:	Fax #:
Date caregiver was notified of referral:	If not notified, why:	
Have you ever seen an ad for Safe Sleep Baby/Cribs for Kids? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please select all that apply:		
<input type="checkbox"/> Radio/TV <input type="checkbox"/> Community Event <input type="checkbox"/> Family/Friend <input type="checkbox"/> Brochure, Poster or Flyer		
<input type="checkbox"/> Print Advertisement (Bus, Magazine, Newspaper):		
<input type="checkbox"/> Online (Social Media, E-mail, Website):		
<input type="checkbox"/> Other:		

Family Information		
Primary Caregiver:		
Address:		
City:	Zip Code:	
Phone #1:	Phone #2:	Phone #3 (work):
Ethnicity: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander		
Fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, specify language needed to receive services (select one):		
<input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Russian <input type="checkbox"/> Other:		
Mother Pregnant? <input type="checkbox"/> Yes, Due Date: <input type="checkbox"/> No, Date of Birth:		
1 st Time Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Information:

If you have any other questions, please call the Infant Safe Sleep Specialist at (916) 244-1938.

Safe Sleep Baby/ Cribs for Kids Staff Only	Date referral received:	Received by Staff:
	Date referral source notified:	
	Referred to Service Type: <input type="checkbox"/> Workshop <input type="checkbox"/> Crib	
	Referral Disposition: <input type="checkbox"/> Engaged to receive services <input type="checkbox"/> Not currently receiving services	
	Where family referred to:	

