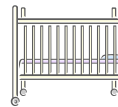


Crib  
Resource  
In  
Barry



## CRIB REFERRAL FORM



Funded by:

**BARRY COUNTY UNITED WAY & FAMILY SUPPORT CENTER OF BARRY COUNTY**

Date of referral: \_\_\_\_\_ Referred by: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ zip code: \_\_\_\_\_

Infant's date of birth: \_\_\_\_\_ or due date: \_\_\_\_\_

**Client needs:** ( ) Crib ( ) Toddler Bed ( ) Mattress

Brief description of need:

Return referral form to:

Family Support Center of Barry County  
PO Box 304, 231 S. Broadway  
Hastings, MI 49058

Email: [info@familysupportbarry.com](mailto:info@familysupportbarry.com) 269-945-5439 fax: 269-945-6314

### Follow-up and Release

I \_\_\_\_\_ agree to return the crib or toddler bed to Family Support Center, Love Inc. or donate the crib to another family when my child is no longer using it. I further release the Family Support Center of Barry County from any and all liability for damage or injury arising from use of the crib or toddler bed I receive.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ I

\_\_\_\_\_ Applicant given a crib

\_\_\_\_\_ Applicant given 2 sheets

\_\_\_\_\_ Applicant given a mattress

\_\_\_\_\_ Applicant given quilt

\_\_\_\_\_ Canvas tote with educational materials

\_\_\_\_\_ Applicant denied (see explanation below)

Explanation of denial: \_\_\_\_\_