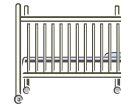


# CRIB REFERRAL FORM

## Crib Resource In Barry



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 ( ) Pack-N-Play

Brief description of need:

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Return referral form to:

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

Email: [karen@familysupportbarry.com](mailto:karen@familysupportbarry.com) or call; 269-945-5439 fax: 269-945-6314

### Follow-up and Release

I \_\_\_\_\_ agree to **return the crib, toddler bed or pack-n-play to Family Support Center of Barry County, Barry County Cares** 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, toddler bed, or pack-n-play I receive.**

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

\_\_\_\_\_ Applicant given a crib \_\_\_\_\_ toddler bed \_\_\_\_\_ Pack-N-Play \_\_\_\_\_ Applicant given 2 sheets  
\_\_\_\_\_ Applicant given a mattress \_\_\_\_\_ Applicant given quilt  
\_\_\_\_\_ Canvas tote with educational materials \_\_\_\_\_ Applicant denied (see explanation below)

Explanation of denial:

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Crib Referral form updated 10/16