



# FAMILY SUPPORT CENTER

## Crib Resource in Barry County (C.R.I.B.) Program Referral Form

Date of Referral: \_\_\_\_\_ Referred by: \_\_\_\_\_

Referring agency phone/email: \_\_\_\_\_

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

Client Address: \_\_\_\_\_ Client City/Zip: \_\_\_\_\_

Infant's Date of Birth: \_\_\_\_\_ Or, Due Date: \_\_\_\_\_

Sex of Infant: \_\_\_\_\_

**Client Needs:**

Crib: \_\_\_\_\_ Pack-N-Play: \_\_\_\_\_ Toddler Bed: \_\_\_\_\_

**Brief Description of Need:**

**Return the referral form to the Family Support Center via email or fax. Email address is [bill@familysupportbarry.com](mailto:bill@familysupportbarry.com) or fax to (269) 945-5439.**

### Release to be filled out at time of placement

I \_\_\_\_\_ Release the FAMILY SUPPORT CENTER OF BARRY COUNTY from any and all liability for damage or injury arising from the use of the crib, pack-n-play, or toddler bed I receive.

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

### Client given the following materials

<b>Crib</b>	<b>Pack-n-play</b>	<b>Toddler Bed</b>
<b>Mattress</b>	<b>Canvas Tote of Education Material</b>	

**Client was denied, reason:** \_\_\_\_\_