



1010 James Street • Syracuse, NY 13203-2763 • Phone: (315) 424-0009 • Fax: (315) 424-0190

Dear Colleague,

We have recently 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 new process for obtaining vouchers and cribs, as there have been several significant changes to the procedure, which are noted in **bold** below:

- 1) Health and Human Services Professional, who has attended REACH CNY's Cribs for Kids® training, identifies need and eligibility for crib. To be eligible to receive a crib, the family must reside in Onondaga, Cayuga, Madison, 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) **Health and Human Services Professional requests a voucher by submitting *Cribs for Kids® Referral/Information* form to REACH CNY by fax (424-0190), or electronically via the online form at www.reachcny.org. Please contact REACH CNY by phone (424-0009 x114 or x109) if you do not have a response after one business day. REACH CNY will issue a numbered voucher, and send it to Health and Human Services Professional by fax, email, or mail.**
- 3) Health and Human Services 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 return the unused voucher and receive a replacement voucher (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 Health and Human Services Professional. **The *Education Checklist* must be completed and signed and placed in the client's file, and a copy returned by email (chiggins-kapilla@reachcny.org or khayden@reachcny.org), fax (424-0190), or mail to REACH CNY.**
- 5) **The Health and Human Services Professional is responsible for accurately completing all *Cribs for Kids®* program documentation and sending it to REACH CNY by email (khayden@reachcny.org or chiggins-kapilla@reachcny.org), mail, or fax (424-0190). The referring agency is also responsible for having the crib recipient sign the *Safe Sleep Pledge* and *Hold Harmless Agreement*. All client information will be held completely confidential and used only for planning education and programs to reduce risks to infants.**
- 6) ***Cribs for Kids® Referral/Information Form, Safe Sleep Education Checklist, Safe Sleep Pledge, and Hold Harmless Agreement* must be received by REACH CNY before additional vouchers may be issued to the Health and Human Services Professional.**
- 7) Health and Human Services 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/Information Form, Safe Sleep Education Checklist, Safe Sleep Pledge, Hold Harmless Agreement, and Evaluation Form are included with this letter. Please contact REACH CNY with questions or comments.

Sincerely,

Catherine Higgins-Kapilla
Perinatal Program Assistant
REACH CNY

Resources, Education, Advocacy, and Collaboration for Health

www.reachcny.org



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:** _____

Parent/Caregiver Request:

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 not be shared with any agency. The information will be used to plan education and programs to reduce risks to infants.

Parent/Guardian Signature

Date