



Safe Cribs for Missouri Program REFERRAL COLLECTION TOOL

This form can be used to collect client information that will be entered into the electronic database.

Referral Date: _____

Date Referral entered: _____

Eligibility

1. Are you a Missouri Resident? ☐ Yes ☐ No
2. Financial Eligibility for the program:
☐ WIC recipient ☐ Medicaid
☐ 185 percent of poverty or less Medicaid Plan, select one.
☐ None of the above ☐ United Healthcare Community Plan
☐ Has the client used the Baby Item Benefit
☐ Home State Health
☐ Healthy Blue
☐ Fee-for-Service or "Straight Medicaid"
3. Does the client have a full-size crib in the home available for this baby to sleep alone? ☐ Yes ☐ No
If yes, please explain the need for an additional crib: _____
4. Does the client currently have a portable crib in the home? ☐ Yes ☐ No
If yes, please explain: _____
5. Does the client meet the residency and income eligibility requirements, and have demonstrated the need for a crib? ☐ Yes ☐ No
If yes, please proceed with the referral.
6. Does the agency have a signed copy of the agreement for the referral form? ☐ Yes ☐ No

The referring agency shall retain a copy of this form for three years.

Client Information

7. Client's First Name _____ Last Name _____ Maiden Name _____
8. Client's Date of Birth: _____
9. Relationship to Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster parent ☐ Other
10. Address _____
Street City State Zip
11. County of residence _____ Phone number (_____) _____
12. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
13. Race: (Check all that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific
<input type="checkbox"/> Black/African American	Subcategories:	Islander
<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	Subcategories:
<input type="checkbox"/> Don't Know/Not sure	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Declined to Answer	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Other: (please specify)	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
_____	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other: (please specify)
	<input type="checkbox"/> Other: (please specify)	_____
14. Educational Level of Client: ☐ Some high school ☐ High school diploma/GED ☐ 2-year community college
☐ 4-year college graduate ☐ Graduate school ☐ Unknown ☐ Other, please explain. _____
15. What type of health insurance do you have?

- ☐ Private Health Insurance
(paid for by you, someone else, or through work)
- ☐ TRICARE or other military health care
- ☐ None (Without Health Insurance/Uninsured)

- ☐ Medicaid (MO HealthNet, Healthy Blue, Home State Health, or United Health Care Community Plan)
- ☐ Other: _____

Client's Health History

16. Have you used any tobacco products, including cigarettes, e-cigarettes, or chewing tobacco, in the past 3 months? ☐ Yes ☐ No
17. Have you had any alcoholic drinks in the past 3 months? ☐ Yes ☐ No
18. Have you used any drugs not prescribed by a health care provider in the past 3 months? ☐ Yes ☐ No
19. Was prenatal care received during this pregnancy? ☐ Yes ☐ No
20. Has the baby already been born? ☐ No, the mother is still pregnant ☐ Yes, the baby has been born
If No: Gestational Age (In Weeks) _____ Due Date _____
Type of pregnancy: ☐ Singleton ☐ Twins ☐ Triplets ☐ Quadruplets or more
If Yes: Number of births this pregnancy: ☐ One child ☐ Twins ☐ Triplets ☐ Quadruplets or more

Infant(s) Information

21. Baby's Date of Birth _____ Baby's full name _____ Baby's Gender: _____
Baby's full name _____ Baby's Gender: _____
Baby's full name _____ Baby's Gender: _____
Baby's full name _____ Baby's Gender: _____
22. Baby's Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
23. Baby's Race: (Check all that apply)
- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black/African American | Subcategories: | Subcategories: |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Don't Know/Not sure | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Declined to Answer | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other: (please specify) _____ | <input type="checkbox"/> Korean | <input type="checkbox"/> Other: (please specify) _____ |
| | <input type="checkbox"/> Vietnamese | |
| | <input type="checkbox"/> Other: (please specify) _____ | |

Infant Sleep Information

24. Number of Cribs Requested (Only one crib per baby): _____
If not requesting a crib, please explain: _____
If requesting more than one crib, please explain: _____
25. If you do not get a crib from the Safe Cribs for Missouri Program, what are the sleeping arrangements for their baby?
☐ In a crib, portable crib, or bassinet ☐ On a twin or larger mattress or bed ☐ On a couch, sofa, or armchair
☐ In an infant car seat ☐ In a swing, rocker, or other inclined sleeper ☐ In an in-bed sleeper
☐ In a baby board or cradleboard ☐ Other: _____
26. If using a bassinet, what are the plans once your baby outgrows it? ☐ NA
☐ Alone in a full-size crib ☐ Alone in a portable crib ☐ In the client's bed with others ☐ In bed with others
☐ Car seat ☐ Sofa or chair

Referral Source

27. How did you hear about the Safe Cribs for Missouri program? (Check all that apply) ☐ WIC
- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> County Health Department | <input type="checkbox"/> Health Center | <input type="checkbox"/> Family/Relative | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Media/News/Radio/Internet | <input type="checkbox"/> Flyers/Brochures/Posters | <input type="checkbox"/> Other, please explain. _____ | |