



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**SAFE CRIBS for Missouri Program REFERRAL AGREEMENT**  
**Bureau of Genetics and Healthy Childhood**

**AGREEMENT FOR REFERRAL**

I agree to allow \_\_\_\_\_ (Referring Agency) to provide a referral to the Safe Cribs for Missouri Program to obtain a portable crib for my baby.

I agree to participate in two Safe Sleep education sessions: an initial session and a follow-up session.

I am unable to afford a crib without the assistance of this program and have no other place to obtain one.

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Client's Signature

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Date

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Client's Printed Name

**Military Benefits / Service**

(1) Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

Yes       No

(2) If answering question (1) in the affirmative, would you like to receive information and assistance regarding veteran's benefits and services?

Yes       No

(3) If answering question (2) in the affirmative, may the agency share your contact information with the Missouri Veteran's Commission in order to provide you with information regarding available veteran's benefits and services? General information may also be found on the Missouri Veterans Commission's website.

Yes       No

**The referring agency shall retain a copy of this form.**