

BABY'S BOUNTY LAS VEGAS - AGENCY REFERRAL FORM (v17A)

Submit information online at help@babysbounty.org & bring this form OR fax completed form to (702)476-2227.
Please Print Clearly

1. AGENCY & CASEWORKER INFORMATION

Date Submitted _____

Agency: _____ Name: (Last) _____ (First) _____
Address: _____ (City) _____ (State) _____ (Zip) _____
Phone: _____ Ext. _____ Cell Number _____
Email: _____

2. CLIENT INFORMATION (Parent or Guardian of Newborn)

Attended Safe Sleep Class? Yes No Date Attended _____ Date Scheduled _____

Name: (Last) _____ (First) _____
Mothers DOB: _____ Age: _____ Last 4 Digits of SS #: _____
Address: _____ (City) _____ (State) _____ (Zip) _____

MARITAL STATUS

(CHECK ONE): Married Divorced Separated Widowed Single . (CHECK ONE): English Español .

LANGUAGE

CIRCLE ALL THAT APPLY:

1. Native American 2. Hispanic 3. African American 4. Caucasian 5. Asian/Pacific Islander 6. Other 7. Decline

3. NEWBORN INFORMATION

Twin? Yes No

Due Date: _____ WEIGHT/ DIAPER
Birth Date: _____ Boy Girl SIZE: _____ SIZE: _____ BABY #2: Boy Girl

4. NEWBORN'S NEEDS: Check all that apply. We do not guarantee availability of the items listed.

<input type="checkbox"/>	Pack 'n Play/Portable Crib	<input type="checkbox"/>	Car seat
<input type="checkbox"/>	Clothing & Accessories	<input type="checkbox"/>	Toiletries
<input type="checkbox"/>	Diapers & Wipes	<input type="checkbox"/>	Front Carrier
<input type="checkbox"/>	Receiving Blankets	<input type="checkbox"/>	Bathtub
<input type="checkbox"/>	Bottles & Pacifier	<input type="checkbox"/>	Other

5. CLIENT MUST SIGN - WAIVER: Recipients are responsible for the safe assembly and use of any items they receive. Baby's Bounty Las Vegas, its staff, board, volunteers or other affiliated entities are not liable if any injury or death is the result of the use of these items.

SIGNATURE _____ DATE _____

6. AFFIDAVIT OF INCOME – TO BE COMPLETED BY CLIENT

I (NAME) _____ residing at (ADDRESS) _____,
swear and attest that the following information is accurate:

Total Annual _____ # of Residents _____ # of Adults _____
Household Income: _____ in Household: _____ in Household: _____

Complete the following chart with information for each adult member of the household.

NAME	RELATIONSHIP	ANNUAL INCOME	SOURCE

DID YOU FILE A FEDERAL INCOME TAX FORM FOR THE MOST RECENT YEAR? YES NO .

IF SO, DOES IT REFLECT THE INCOME REPORTED ABOVE? YES NO .

I swear, under penalty of perjury, that this information is complete and accurate.

Sworn & Signed by: _____ Print Name: _____ Date: _____

Clients Phone Number/ Contact Number _____

Witness: _____ Date: _____

DIRECTIONS:

1. Caseworkers should fill out the attached form completely with the client. The client **MUST SIGN** the Waiver and Affidavit of Income portions. A copy of the form signed by the client must be submitted at the time of bundle pick up.
2. If you are not the caseworker on file and you are picking up for someone else, you will need to bring identification at the time of pick up. A copy will be made for our files.
3. Caseworkers are encouraged to submit the information online through help@babysbounty.org for the quickest processing. If a caseworker is unable to submit the form online, the form can be faxed to **(702)476-2227**. Only the first page of the form is required to be faxed. The client signed copy of the form will be required when the caseworker picks up the items.
4. The caseworker will be contacted once the referral has been approved with a scheduled date and time range they may pick up the items for their client. The **CASEWORKER MUST PICK UP THE ITEMS** and deliver them to the clients. Pick ups are usually scheduled for Tuesdays thru Thursdays from 9 am to 3 pm at our office at **3400 W Desert Inn Road Suite #24 Las Vegas, NV 89102**. If the items are not picked up within two weeks of the scheduled date of pick up, they will be re-shelved and the caseworker will be required to submit a new referral request.
5. **DO NOT** come to pick up the items until you have been contacted.
6. If you have any questions while filling out the form, please email help@babysbounty.org or call **(702)485-2229**.
7. If you do not hear in over a week whether the request has been approved, please call us at **(702)485-2229**. Occasionally (though rarely) faxes come through unreadable.
8. If the form is filled out incompletely, incorrectly or rejected for some other reason, the caseworker will be contacted.
9. Demographic information such as marital status and racial heritage are only asked to aid us in tracking statistics for grants. They have no impact on eligibility.
10. Language is asked because we include literature packets and need to know whether English or Spanish will be most helpful to the client. Unfortunately, we only currently have packets in these two languages.
11. Filling out the gender, weight or clothing size, and diaper size of the baby is crucial for us to get the family items that will be useful now and into the future, so please ensure to fill that portion out completely and as accurately as possible.
12. All Clients requesting a Pack and Play are required to attend a Safe Sleep Class provided by Baby's Bounty at no cost. The class is held every Tuesday and Wednesday. Clients are to arrive at 1:30 pm to complete paperwork. Class starts promptly at 2 pm and if client is late will not be permitted entry. Caseworkers must schedule their clients prior to class. Baby's Bounty does not provide transportation or child care during class times. Newborns are allowed to attend with the parent.

INFORMATION ABOUT ELIGIBILITY REQUIREMENTS:

1. Referrals will not be accepted until after the baby has been born and only if the child is under 6 months of age. Unfortunately, we do not have items available for older babies.
2. We follow the WIC income guidelines, so this will give a sense of the client's eligibility.
3. The waiver and affidavit of income section **MUST BE FILLED OUT COMPLETELY** and signed or the request will be automatically rejected due to grant funding requirements.
4. In the affidavit of income section, a household is defined as: A household consists of all related and unrelated persons living together in one housing unit. Roomers and boarders of any age, and related individuals who are 18 years of age or older who pay rent for rooming or boarding privileges, will not be considered members of the household but are instead considered separate households. Where the number of persons in a household cannot be identified, the household size will be determined by counting those persons listed as members of the household on income tax returns for the last taxable year.
5. Clients do not have to reside in Clark County. That question is required for statistical purposes. Clark County is primarily the area we serve, but we will help clients as we are able.