

BABY'S BOUNTY LAS VEGAS - AGENCY REFERRAL FORM (v18A)

For the most rapid processing, referral must be **COMPLETED FULLY** and submitted either by email (admin@babysbounty.org) or fax (702.476.2227.)

INFORMATION REGARDING ELIGIBILITY REQUIREMENTS:

1. A client may receive services from Baby's Bounty only **ONCE** and the infant **MUST** be under seven months.
2. A referring **AGENCY** may only refer **four** clients per month.
3. **ONLY the referring caseworker** may fill out the referral form, but always in the presence of the client, as the client **MUST SIGN** the Waiver and Affidavit of Income portions.
4. In the Affidavit of Income (box #6) section, a household is defined as: 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 the person(s) listed as members of the household on income tax returns for the last taxable year.
5. Due to grant funding requirements, the Waiver (box #5) and Affidavit of Income (box #6) sections **MUST BE FILLED OUT COMPLETELY AND SIGNED** or the referral be automatically rejected. If the client is living in a shelter or sober living facility and has no income, please note that on the referral. (We adhere to the 2018 U.S. Federal Poverty Guidelines. This will help the caseworker have a sense of a client's eligibility.)
6. A copy of a **completed** referral -- signed by the client and caseworker -- must be submitted before any services may be rendered. (Should a Legal Guardian be your client, please send a copy of the court documents with the referral.)
7. If more than a week has passed from the date of submission and you have not heard from Baby's Bounty, please call us at **702.485.2229**. Occasionally -- though rarely -- faxes/emails come through illegible.
8. Demographic information such as marital status and racial heritage are requested for statistical purposes. They do not impact eligibility.
9. Language spoken is requested as we include written information within the bundle. Currently we distribute packets in English and Spanish.
10. Providing the gender and current weight and diaper size of the baby is **necessary** so the family may be provided with items that will be useful now and into the future.
11. 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.
12. If you have any questions while filling out the form, please do not hesitate to email admin@babysbounty.org or call the Program Administrator at **702.485.2229** (office) or **702.605.5707** (cell).

INSTRUCTIONS FOR REFERRAL PROCESSING:

1. For the most rapid response, caseworkers are encouraged to submit the information via email at admin@babysbounty.org. If emailing the form is not possible, the referral may also be faxed to **702.476.2227**.
2. Baby's Bounty contacts the referring caseworker upon receipt. We will make **three** attempts to reach the caseworker before cancelling the referral.
3. As of January 2, 2018, the Safe Sleep & Baby Basics (SSBB) class is now **MANDATORY** for any client to receive services. Classes are offered every **Tuesday and Wednesday, from 2p to 4p**. Please instruct your client to arrive at our office (3400 W. Desert Inn Rd., #24, Las Vegas, NV 89102) 30 minutes prior to fill out paperwork.
4. The client **MUST** be either in her third trimester to attend the SSBB class or after the baby's birth. Baby's Bounty is unable to provide transportation or child care during class times; however, newborns may attend with the parent. We strongly encourage family members and/or child care providers to attend the class with the parent(s). Please provide the names of anyone else who plans to attend when scheduling.
5. Once the SSBB class has been attended and/or the caseworker has notified Baby's Bounty of the infant's birth, the bundle will be prepared for pick up.
6. Pickups are **BY APPOINTMENT ONLY** on Tuesdays, Wednesdays, and Thursdays from 9:30 am to 3:30 pm at our office (3400 W Desert Inn Rd., #24, Las Vegas, NV 89102.) If the items are not picked up within two weeks of the scheduled date, they will be re-shelved and the caseworker will be required to submit a new referral request.
7. Only a **CASEWORKER OR COURIER MAY PICK UP THE ITEMS** and deliver the bundle to the client(s). If the referring caseworker is unable to pick up the bundle, please provide the alternate individual's name when scheduling. That person must bring either their work badge or state identification upon pickup as a copy will be made for our files. Should we take a copy of a state ID, we will redact all identifying information (i.e. address, DL number, birthday, etc.) in front of the individual.
8. Please **DO NOT** come to pick up the items until you have been contacted.

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CASEWORKERS: PLEASE PRINT CLEARLY

1. AGENCY & CASEWORKER INFORMATION

Submission Date: _____

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

2. CLIENT INFORMATION (Parent/Guardian of Infant)

(If it is a Guardianship, please list the full name, last four digits of SSN, and DOB of the infant's mother and/or father on the court documents.)

Attended our Safe Sleep & Baby Basics Class? YES or NO

If "yes," list when and where class was taken: _____

If "no," list preferred date of attendance: _____

Name: (Last) _____ (First) _____

Client's DOB: _____ Age: _____ Last four digits of SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

MARITAL STATUS (CIRCLE):

1 Single 2 Married 3 Domestic Partnership 4 Divorced 5 Separated 6 Widowed

LANGUAGE

(CIRCLE): English Español

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

Due Date: _____ Sex of Newborn (Circle): _____ Twins? YES or NO
DOB: _____ Boy or Girl Sex of Twin (Circle): Boy or Girl
Weight: _____ Current Clothing Size(s): _____ Current Diaper Size(s): _____

4. NEWBORN'S NEEDS: (Check all that apply) ** We cannot guarantee availability of all the items listed. **

<input type="checkbox"/>	Bath tub	<input type="checkbox"/>	Front Carrier
<input type="checkbox"/>	Bottles & Pacifiers (<i>always</i> new & unused)	<input type="checkbox"/>	Pack 'n Play (with detachable bassinet)
<input type="checkbox"/>	Car Seat (<i>always</i> new with tags attached)	<input type="checkbox"/>	Receiving Blankets
<input type="checkbox"/>	Clothing & Accessories	<input type="checkbox"/>	Toiletries (soap, lotion, diaper cream)
<input type="checkbox"/>	Diapers & Wipes (<i>always</i> new & unopened)	<input type="checkbox"/>	Other

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

SIGNATURE: _____ DATE: _____

6. AFFIDAVIT OF INCOME - Please complete the following chart with information for every adult member of the household.

"Income" is defined as ANY monies (i.e. SNAP, TANF, Food Stamps, Rental Assistance, SSI/SSD, etc.) the client/adult household members may receive.

I, (client's name) _____, residing at (address) _____, do swear and attest that the following information is accurate.

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

NAME	RELATIONSHIP	ANNUAL INCOME	SOURCE

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

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

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

Client Signature: _____ Date: _____

Client's Phone/Contact Number: _____

Caseworker's Signature: _____ Date: _____