**INFORMATION REGARDING ELIGIBILITY REQUIREMENTS:**

1. **FILL OUT THE REFERRAL FORM WITH YOUR CLIENT** to ensure that it is done correctly and will not be rejected.
2. **ONLY** the referring caseworker can fill out the referral form, but always in the presence of the client. The client **MUST SIGN** the Waiver and Affidavit of Income portions.
3. A client may receive services from Baby’s Bounty only **ONCE**; we assist infants through six months of age.
4. If referring a **pregnant client**, she **must be within 30 days of delivery**.
5. A referring **AGENCY** may only refer **FOUR**clients per month.
6. 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 -- 18 years of age or older -- who pay rent for rooming or boarding privileges -- will not be considered members of the household but are considered “separate households”. When 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.
7. 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 will automatically be 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 2019 U.S. Federal Poverty Guidelines. This will help the caseworker determine a client’s eligibility.
8. A copy of a **completed** referral -- signed by the client and the caseworker -- must be submitted before any services may be provided. If a Legal Guardian is your client, **send a copy of the court** **documents** with the referral. If more than a week passes (from date of submission) with no reply from Baby’s Bounty, call us at **702.485.2229**. Occasionally -- though rarely -- faxes/emails do not come through properly.
9. Demographic information such as marital status and racial heritage are requested for statistical purposes. They do not impact eligibility.
10. Language spoken is requested as we include written information with each bundle. Currently, we only distribute information in English and Spanish.
11. 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.
12. If you have any questions about the form, contact the Program Director, Tiffany Dirig, at [**admin@babysbounty.org**](mailto:admin@babysbounty.org) or call **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 referral form via email to [**admin@babysbounty.org**](mailto:admin@babysbounty.org). If emailing the form is not possible it can be faxed to **702.476.2227**.
2. Baby’s Bounty will contact the referring caseworker upon receipt (please allow at least 48 hours.) We will make ***three*** attempts to reach the caseworker before canceling the referral.
3. As of January 2, 2018, the Safe Sleep & Baby Basics (SSBB) class is now **MANDATORY** for **any** client to receive assistance. Classes are offered every **Tuesday OR Wednesday, from 1:30pm to 3:30pm** at our office located at 3400 W. Desert Inn Rd., #24, Las Vegas, NV 89102. Please inform your clients that, except for newborns, no children under 10 are permitted.
4. **DO NOT** **send your client to a class** **until one has been scheduled with you.**
5. Baby’s Bounty is unable to provide childcare during class times; however, newborns may attend with the parent. We strongly encourage family members and/or childcare providers to attend the class with the parent(s). When scheduling, please provide the names of anyone else planning to attend.
6. Once the SSBB class has been completed, and/or the caseworker has notified Baby’s Bounty of the infant’s birth, the bundle will be prepared for pick up.
7. Pickups are scheduled **BY APPOINTMENT ONLY** Monday through Thursday from 9:30am to 3:30pm at our office (3400 W Desert Inn Rd., #24, Las Vegas, NV 89102.) If the items are not picked up within one week of the scheduled date, they will be re-shelved and the caseworker will be required to submit a new referral request.
8. 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, please provide the alternate’s name when scheduling. That person must bring either their work badge or state identification upon pickup.
9. Please **DO NOT** arrive to pick up the items until you have been scheduled.

CASEWORKERS: PLEASE **PRINT** CLEARLY

# 1. AGENCY & CASEWORKER INFORMATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2. CLIENT INFORMATION (Parent/Guardian of Infant)

# (GUARDIANS, please list the full name, last four digits of SSN, and DOB of the infant’s mother and/or father on the court documents.)

# Name: (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

**MARITAL STATUS (CIRCLE): PREFERRED LANGUAGE:**

1.Single 2.Married 3. Domestic Partnership 4**.** Divorced5.Separated6.Widowed 1. English 2.Spanish 3. Other:\_\_\_\_\_\_\_\_

**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 (Circle)

# DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy or Girl Sex of Twin (Circle): Boy or Girl

# Current Weight(s): \_\_\_\_\_\_\_\_ Current Length(s): \_\_\_\_\_\_\_\_\_\_

# 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. \*\*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Bathtub |  | Front Carrier |
|  | Bottles & Pacifiers (*always* new & unused) |  | Portable Crib w/Detachable Bassinet |
|  | Car Seat (*always* new with tags attached) |  | Receiving Blankets |
|  | Clothing & Accessories |  | Toiletries (soap, lotion, diaper cream) |
|  | Diapers & Wipes (*always* new & unopened) |  | Other Items Needed? |

# 

**5. CLIENT MUST SIGN - WAIVER:** Recipients are responsible for the safe assembly and use of all items received. The Baby’s Bounty staff, board members, 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** (i.e 18+) member of the household. “Income” is defined as **ANY** monies (e.g. SNAP, TANF, food stamps, employment, unemployment, 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*** Total ***Residents*** Total ***Adults***

Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_