

BABY'S BOUNTY

Phone: 485-BABY (2229)

AGENCY REFERRAL FORM

Fax to: 476-2227

Name of Agency: _____

Address: _____

Caseworker: _____ Date: _____

Phone: _____ Fax: _____

Email: _____ Cell: _____

CLIENT INFORMATION

Mother's Name: _____ Age: _____

Address: _____

Annual Household Income: _____ Last 4 digits SS# _____ Phone: _____

CIRCLE ONE:

Married
Divorced
Separated
Widowed
Single

CIRCLE ALL THAT APPLY:

Native American
Hispanic
African American
Caucasian
Asian/Pacific Islander
Other
Decline to answer

Baby's Birth date: _____ Male ___ Female ___ Clothing Size or Weight _____

CLIENT WISH LIST (Baby's Bounty does not guarantee availability of the items listed)

Newborn clothing Receiving blankets Bottles Baby Carrier Car seat

Diaper Bag Pack 'N Play Bathtub Toiletries Bouncy Seat Swing

Additional needs: _____

WAIVER: Recipients are responsible for the safe assembly and use of a donated item.

_____ initial here