

## **BABY'S BOUNTY LAS VEGAS - AGENCY REFERRAL FORM (8.2021)**

### **INFORMATION REGARDING ELIGIBILITY REQUIREMENTS:**

1. Please complete this form with your client.
2. Only the referring caseworker can fill out the referral form, in the presence of the client OR with permission from the client. The client needs to sign the Waiver (box #5) and Affidavit of Income (box #6) portions.
3. A client may receive services from Baby's Bounty once. We assist infants through six months of age; the day the baby turns seven months, they are no longer eligible to receive services.
4. If referring a **pregnant client**, she **must be within 45 days of due date**.
5. 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, as well as related individuals 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.
6. Due to grant funding requirements, the Waiver (box #5) and Affidavit of Income (box #6) sections need to be completed fully or the referral may be rejected. If the client is living in a shelter or sober-living facility and has no income, please note that on the referral.
7. We adhere to 130% of the U.S. Federal Poverty Guidelines. This will help the caseworker determine a client's eligibility. (Income Requirements can be found at [www.babysbounty.org/income-eligibility-guidelines](http://www.babysbounty.org/income-eligibility-guidelines).)
8. Typical response time after submission is 48 business hours. If more than 2 business days (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 only. They do not impact eligibility.
10. If you have any questions about the form, call **702.485.2229** (office)

### **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 also be faxed to **702.476.2227**.
2. Baby's Bounty will contact the referring caseworker once the referral has been processed (please allow at least 2 business days.)
3. Participation in our Safe Sleep & Baby Basics (SSBB) class is mandatory for clients to receive assistance. Classes are offered digitally.
4. If the client has access to a car, their Baby Bundle can be released to them as soon as participation in the SSBB class has been confirmed. For those who rely on the bus, the referring caseworker will need to schedule a time to pick-up the Baby Bundle. Clients may also send a family member or friend.
5. Touchless pickups are scheduled by appointment only, on Thursdays, between 9:00am and 12:00pm at our office (3400 W Desert Inn Rd., Suite 24, Las Vegas, NV 89102.)



## BABY'S BOUNTY LAS VEGAS – AGENCY REFERRAL FORM (8.2021)

Please complete the form and submit by email ([admin@babysbounty.org](mailto:admin@babysbounty.org)) or fax (702.476.2227)

### 1. AGENCY & CASEWORKER INFORMATION

Agency & Program: \_\_\_\_\_ Date of Submission: \_\_\_\_\_  
 Caseworker's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### 2. CLIENT INFORMATION (Parent or Guardian of Infant – FOR GUARDIANS: please attach court documents.)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 Client's DOB: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_ Transportation?: **YES or NO**  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Client E-mail Address: \_\_\_\_\_ Client Phone Number: \_\_\_\_\_

Are you currently working with any Child Welfare Agencies including Department of Welfare and Social Services (DWSS), Child Protective Services (CPS), Department of Child and Family Services (DCFS), Department of Juvenal Justice (DJJ) or WIC? (This does not affect eligibility): **YES or NO**

\*If the answer to above question is YES, please provide your case # and caseworkers name: **Case #:** \_\_\_\_\_ **Caseworker:** \_\_\_\_\_

Have you received a bundle from Baby's Bounty within the last 5 years? **YES or NO**

#### MARITAL STATUS:

1. Single 2. Married 3. Domestic Partnership 4. Divorced 5. Separated 6. Other 7. Decline

#### PREFERRED LANGUAGE:

1. English 2. Spanish 3. Other

#### CHECK 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): **Boy or Girl or Unknown** Twins? **YES or NO**  
 DOB: \_\_\_\_\_ Current Weight/Length: \_\_\_\_\_ Twin 1: **Boy or Girl**  
 Desired Clothing Size: **Preemie / NB / 0-3 / 3-6 / 6-9** Desired Diaper Size: **Preemie / NB / 1 / 2 / 3** Twin 2: **Boy or Girl**

### 4. BABY BUNDLE ITEMS REQUESTED: (Check all that apply) \*Please inform clients we cannot guarantee availability of all items\*

<input type="checkbox"/> Bath tub & Toiletry Kit	<input type="checkbox"/> Portable Crib w/ Detachable Bassinet
<input type="checkbox"/> Bottles & Pacifiers	<input type="checkbox"/> Receiving Blankets & Burp Cloths
<input type="checkbox"/> Car Seat (new with tags attached)	<input type="checkbox"/> Front Carrier
<input type="checkbox"/> Clothing & Accessories	<input type="checkbox"/> Play Mat
<input type="checkbox"/> Diapers & Wipes	<input type="checkbox"/> Other Items Requested (Please list): _____

### 5. CLIENT 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 with 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, employment, unemployment, rental or utility assistance, SSI/SSD, etc.) the client/adult household members may receive.

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

**Total Annual Household Income:** \_\_\_\_\_ **Total Residents in Household (Including Newborn):** \_\_\_\_\_ **Total Adults in Household:** \_\_\_\_\_

NAME:	RELATIONSHIP:	ANNUAL INCOME:	INCOME SOURCE: (EMPLOYMENT/SNAP/TANF/SSI/SSD)

**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:** \_\_\_\_\_

**Caseworker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_