



BABY'S BOUNTY LAS VEGAS - AGENCY REFERRAL FORM

Please complete the form and submit by email (help@babysbounty.org) or fax (702.476.2227)

Information must be completed for referral to be processed. Both pages must be completed

1. AGENCY & CASEWORKER INFORMATION

Agency: _____ Date of Submission: _____
Caseworker's Name: _____
Phone Number: _____ Ext: _____ Email: _____

2. CLIENT INFORMATION (Parent or Guardian of Infant, if GUARDIAN, please attach court documents)

Name: (Last) _____ (First) _____
DOB: _____ Last four digits of SSN: _____ Transportation?: Yes No
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone Number: _____
Marital Status: Single Married Domestic Partnership Divorced Separated
Check all that apply: Native American Hispanic African American Caucasian Asian/Pacific Islander Other
Decline
Preferred Language: English Spanish Other: _____
Do you have Medicaid?: Anthem Silver Summit HPN Molina Emergency Medicaid

3. SOCIAL SERVICES

Are you currently working with any Child Welfare Agencies? Yes No
Do you have an open case with the Department of Welfare and Social Services (DWSS)? (This does not affect eligibility):
Yes No If yes, Case #: _____
Do you have an open case with Child Protective Services (CPS)? (This does not affect eligibility): Yes No If yes,
Case #: _____
Do you have an open case with the Department of Child and Family Services (DCFS)? (This does not affect eligibility):
Yes No If yes, Case #: _____
Do you have an open case with the Department of Juvenile Justice (DJJ)? (This does not affect eligibility): Yes No If
yes, Case #: _____
Do you have an open case with Women, Infants, and Children (WIC)? (This does not affect eligibility): Yes No
If yes, Case #: _____

3. NEWBORN INFORMATION

Due Date/Baby's DOB: _____ Sex of Newborn: Girl Boy Unknown
Twins? Yes No Twin 1: Girl Boy Twin 2: Girl Boy
Current Weight/Length: _____
Desired Clothing Size: Preemie NB 0-3mos 3-6mos 6-9mos
Desired Diaper Size: Preemie NB 1 2 3

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

Bathub & Toiletry Kit Bottles & Pacifiers Car Seat (new with tags) Clothing & Accessories
Diapers & Wipes Portable Crib with Detachable Bassinet Receiving Blankets & Burp Cloths Front Carrier
Play Mat 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: _____

Client Signature: _____ Date: _____

Caseworker Signature: _____ Date: _____



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INCOME ELIGIBILITY

ALL INCOME MUST BE REPORTED
PLEASE ATTACH CLIENT'S LAST TWO (2) PAYCHECK STUBS, OR FOR CLIENTS WHO ONLY
RECEIVE GOVERNMENT BENEFITS PROVIDE PROOF OF FUNDS/INCOME
NO REFERRALS WILL BE ACCEPTED WITH \$0 INCOME

1. RESIDENCE

Do you rent or own your home/apartment?: Rent Own How much per month?: _____
Total residents in household (include newborn): _____
Total adults (18+) in household: _____
Total annual **household** income (include ALL adults with income or benefits): _____

2. SOURCE OF INCOME all income must be reported and will be verified. Must be filled out even if the client is on or going on maternity leave.

Do you or anyone in your household have a job?: Yes No If yes, please list employer/s: _____
Part time or full time?: Part-time Full-time On Call/Flex/Per Diem
How many hours per week are worked?: _____
Do you or anyone in your household have a "gig"/ temporary/ freelance job? Yes No
How many hours per week do you/anyone in the household typically work your gig/freelance job?: _____
Check all that apply: Uber/UberEats Instacart Grubhub Lyft Amazon Flex Walmart Postmates
DoorDash TaskRabbit Fiverr Thumbtack Other: _____

3. GOVERNMENT SUPPORT

Do you or anyone in your household receive any of the following? Check all that apply:

SNAP How much per month?: _____
WIC How much per month?: _____
TANF How much per month?: _____
Unemployment How much per month?: _____
Social Security(SSI) How much per month?: _____
Disability (SSD) How much per month?: _____
Worker's Compensation How much per month?: _____
Rental/Housing Assistance How much per month?: _____
Foster Parent How much per month?: _____
Child Support How much per month?: _____
Military/Veteran How much per month?: _____
Retirement How much per month?: _____
Pension How much per month?: _____
Alimony How much per month?: _____
Other: _____ How much per month?: _____

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

Client Signature: _____ **Date:** _____

For minor clients with parents/guardians, please have a parent or legal guardian sign

Parent/Guardian of Client Signature: _____ **Date:** _____