

# BABY'S BOUNTY - AGENCY REFERRAL FORM (v17D)

Submit information online at [babysbountymc.org](http://babysbountymc.org) & bring this form or fax completed form to (240) 454-8206.

## 1. AGENCY & CASEWORKER INFORMATION

Check If Submitted Online

Agency: \_\_\_\_\_ Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 Caseworker \_\_\_\_\_  
 License Number: \_\_\_\_\_ State of License: \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

## 2. CLIENT INFORMATION (Parent or Guardian of Newborn) County of Residence: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

### MARITAL STATUS

**CHECK ONE:** Married  M Divorced  D Separated  SP Widowed  W Single  SI . **CHECK ONE:** English  Español .

### LANGUAGE

### CHECK ALL THAT APPLY:

Native American  NA Hispanic  H African American  AA Caucasian  C Asian/Pacific Islander  API Other  O Decline  D

## 3. NEWBORN INFORMATION

DOB: \_\_\_\_\_ GENDER: Boy  Girl  WEIGHT/ DIAPER  
 SIZE: \_\_\_\_\_ SIZE: \_\_\_\_\_ TWINS?  BABY #2: Boy  Girl .

## 4. NEWBORN'S NEEDS: Check all that apply. We do not guarantee availability of the items listed.

<input type="checkbox"/> Diaper Bag	<input type="checkbox"/> Pack N Play/Portable Crib
<input type="checkbox"/> Clothing	<input type="checkbox"/> Car seat
<input type="checkbox"/> Toiletries	<input type="checkbox"/> Front Carrier
<input type="checkbox"/> Diapers & Wipes	<input type="checkbox"/> Bathtub
<input type="checkbox"/> Receiving Blankets	<input type="checkbox"/> Infant Stroller / Double Stroller
<input type="checkbox"/> Bottles & Pacifier	<input type="checkbox"/> Swing/Bouncy Seat
	<input type="checkbox"/> Carrier/Car Seat Combo (preemies only)

## 5. CLIENT MUST SIGN - WAIVER: Recipients are responsible for the safe assembly and use of any items they receive. Baby's Bounty MC, Inc., its staff, board, volunteers or other affiliated entities are not liable if any injury or death is the result of the use of these items.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 6. AFFIDAVIT OF INCOME – TO BE COMPLETED BY CLIENT

I (NAME) \_\_\_\_\_ residing at (ADDRESS) \_\_\_\_\_, swear and attest that the following information is accurate:

Total Annual Household Income: \_\_\_\_\_ # of Residents \_\_\_\_\_ # of Adults \_\_\_\_\_  
 in Household: \_\_\_\_\_ in Household: \_\_\_\_\_

Complete the following chart with information for each adult member of the household.

NAME	RELATIONSHIP	ANNUAL INCOME	SOURCE

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

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

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

Sworn & Signed by: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## DIRECTIONS:

1. Caseworkers should fill out the attached form completely with the client. The client **MUST SIGN** the Waiver and Affidavit of Income portions. A copy of the form signed by the client must be submitted at the time of bundle pick up.
2. The caseworker will be required to show identification at the time of pick up. Our forms request a license number. Licensed social workers are encouraged to use their state license number. If you are not a licensed social worker, but are acting as a caseworker, you may submit your driver's license number. This will be checked at the time of pick up.
3. Caseworkers are encouraged to submit the information online through [babysbountymc.org](http://babysbountymc.org) for the quickest and smoothest processing. If a caseworker is unable to submit the form online, the form can be faxed to **(240) 454-8206**. Only the first page of the form is required to be faxed. The client signed copy of the form will be required when the caseworker picks up the items.
4. The caseworker will be contacted once the referral has been approved with a scheduled date and time range they may pick up the items for their client. The **CASEWORKER MUST PICK UP THE ITEMS** and deliver them to the clients. Pick ups are usually scheduled for Tuesdays or Thursdays from 10 am to 12 pm at our office at **15729 Crabbs Branch Way Rockville, MD 20855**. If the items are not picked up within two weeks of the scheduled date of pick up, they will be re-shelved and the caseworker will be required to submit a new referral request.
5. **DO NOT** come to pick up the items until you have been contacted.
6. If you have any questions while filling out the form, please email [MoColInfo@babysbounty.org](mailto:MoColInfo@babysbounty.org) or call **(240) 258-8783**.
7. If you do not hear in over a week whether the request has been approved, please call us at **(240) 258-8783**. Occasionally (though rarely) faxes come through unreadable.
8. If the form is filled out incompletely, incorrectly or rejected for some other reason, the caseworker will be contacted.
9. Demographic information such as marital status and racial heritage are only asked to aid us in tracking statistics for grants. They have no impact on eligibility.
10. Language is asked because we include literature packets and need to know whether English or Spanish will be most helpful to the client. Unfortunately, we only currently have packets in these two languages.
11. Filling out the gender, weight or clothing size, and diaper size of the baby is crucial for us to get the family items that will be useful now and into the future, so please ensure to fill that portion out completely and as accurately as possible.

## INFORMATION ABOUT ELIGIBILITY REQUIREMENTS:

1. Referrals will not be accepted until after the baby has been born & only if the child is under 6 months of age. Unfortunately, we do not have items to aid with older babies, and so are unable to help at this time.
2. We have shifted our eligibility requirements to be the "Very Low Income" CDBG income limit. We no longer use the WIC income guidelines as our threshold.
3. The waiver and affidavit of income section **MUST BE FILLED OUT COMPLETELY** and signed or the request will be automatically rejected due to grant funding requirements.
4. In the affidavit of income section, a household is defined as: A household consists of 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 those persons listed as members of the household on income tax returns for the last taxable year.
5. Clients do not have to reside in Montgomery County. That question is required for statistical purposes. Montgomery County is primarily the area we serve, but we will help clients as we are able.