



SLEEPTIGHT HAMPTON ROADS
PACK-N-PLAY CRIB REQUEST APPLICATION
Attachment A

Date of Referral: _____

Name of Mother/Guardian: _____ Maternal Birth Date: _____

Address: _____ City _____ Zip _____

Phone Number: _____ Email Address: _____

Race: ___ Asian ___ Black ___ White ___ Other Ethnicity: ___ Hispanic ___ Non-Hispanic

Prenatal care provider _____ First prenatal visit ___1st ___2nd ___3rd ___none

Baby's Name: _____ Date of Birth: _____ Due Date: _____

(Mother must be in at least 7th month of pregnancy or the infant must be under 1 year of age to be eligible for a pack-n-play)

Household Income: _____ per ___ year ___ month ___ biweekly ___ weekly

Household: Number of Adults _____ Number of children _____

Government Assistance: ___ Medicaid ___ WIC ___ SNAP ___ TANF (must be below 200%FPL)

Health Insurance: Mother ___ Yes ___ No Baby ___ Yes ___ No

Current Sleep Location: ___ Bed ___ Car Seat ___ Sofa _____ Other (specify)

Current Sleep Position: ___ Belly ___ Back ___ Side

Environmental Smoke: ___ Mother smoked during pregnancy
___ Mother will/does smoke after pregnancy
Identify location ___ inside ___ outside
___ Members of household smoke
Identify location ___ inside ___ outside

Childcare: ___ Home-based ___ Center-Based ___ Relatives/Friends ___ None

Referring Agency: _____ Contact Person: _____

Telephone Number: _____ Email: _____

Agreement for Referral

I agree to allow _____ to provide my information to SleepTight Hampton Roads
(referring agency name)

and/or their partner agencies to obtain a pack-n-play crib for my baby. I understand that this application is not a guarantee that I will receive a pack-n-play. I also understand that the safest place for my baby to sleep is on their back in a safety-approved crib.

Mother/Guardian of the baby

Date