



## Niagara County Cribs for Kids® Program

Niagara Falls Memorial Medical Center, through the Child Advocacy Center of Niagara, is a Cribs for Kids® partner. Cribs for Kids® is a national program that has worked to prevent infant deaths due to unsafe sleep environments for nearly 20 years.

The Child Advocacy Center of Niagara coordinates the Niagara County Child Fatality Review Team through the support of New York State Office of Children and Family Services and Niagara County Department of Social Services.

The Niagara County Cribs for Kids® Program is being implemented in collaboration with the P3 Center for Teens, Moms and Kids at Niagara Falls Memorial Medical Center in recognition of the impact unsafe sleep environments has had on child mortality in our community.

Program participation is open to all infants and mothers who meet eligibility criteria related to need and who agree to participate in ongoing safe sleep education and follow-up.

### *Program Criteria:*

1. Program participation will be prioritized for infants who are less than 3 months of age and who are eligible for Medicaid. Upon review when additional risk factors are identified, P3 staff can authorize program participation for infants up to 8 months of age and income eligibility within WIC standards,
2. Program participants must agree to participation in P3's short-term case management program for three months, including 3 home visits and 2 follow-up phone calls, in order to assure the ongoing delivery of safe education and for program evaluation. When the program participant is referred by and participating in programs delivered by other service providers, continued participation in the referring program is encouraged.
3. Program participants must agree to sign a "hold harmless" agreement and provide other demographic and risk information as required by the national Cribs for Kids® program.
4. Program participants cannot have received a donation from any Cribs for Kids® partner within the past 2 years.

For more information call the P3 Center for Teens, Moms & Kids at (716) 278-4423.



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**Cribs for Kids® Program – Referral Form**

Name of Mother/Guardian: \_\_\_\_\_ Maternal Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Race: \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Other

Ethnicity: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

Baby's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Baby's Due Date: \_\_\_\_\_

Health Insurance: Mother \_\_\_\_\_ Yes \_\_\_\_\_ No Baby \_\_\_\_\_ Yes \_\_\_\_\_ No

**Receiving Financial Assistance?**

\_\_\_\_\_ Medicaid \_\_\_\_\_ Housing Assistance  
\_\_\_\_\_ Food Assistance \_\_\_\_\_ WIC  
\_\_\_\_\_ Public Assistance \_\_\_\_\_ Health Insurance

Current Sleep Location: \_\_\_\_\_ Bed \_\_\_\_\_ Car Seat \_\_\_\_\_ Sofa \_\_\_\_\_ Other (specify)

Current Sleep Position: \_\_\_\_\_ Belly \_\_\_\_\_ Back \_\_\_\_\_ Side

Referring Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Agreement for Referral**

I agree to allow \_\_\_\_\_ to provide my referral information to Cribs for Kids® Program at Niagara Falls Memorial Medical Center to obtain a crib for my baby. I understand that the safest place for my baby to sleep in on their back in a safety-approved crib.

\_\_\_\_\_  
Mother or Guardian of Baby Date

Send to: P3 Center for Teens, Moms & Kids, Golisano Center for Community Health, 533 Tenth Street, Niagara Falls, NY 14301; Fax: (716) 278-4387

