

Safe Kids Pennsylvania-McKean County Partner Home Safety Program Referral Form

Phone: (814) 362-4621



Referral Date: _____

Family Name: _____

Address: _____

City, State, Zip: _____ Phone#: _____

Number of children in household: _____ Age(s) of children in household: _____

Number of adults in household: _____

Referral Provided By:

Name: _____

Organization: _____ Contact Phone #: _____

Indicate Safety Items/Materials Needed			
Items	# Requested	Child safety & injury prevention information materials needed (please indicate requested):	
Childproofing Essentials Kit Contains the following items: <ul style="list-style-type: none"> • 12 Wide Grip Latches (cabinet/drawer) • 4 Grip 'n' Twist Door Knob Covers • 30 Secure Press Plug Protectors 	1 Per Family	Fire Safety	Carbon Monoxide Safety
		Gun Safety	Toy Safety
		Lead Safety	Pedestrian Safety
Multi-Purpose Locks	Up to 2	Poison Prevention	Water Safety
Toilet Lock	Up to 2	Home Safety Checklist	Bicycle Safety/ Helmet Use
Window Blind Cord Wind-Ups	Up to 4	Car Seat Safety	Dental Health
Furniture Wall Straps	Up to 6	Other items needed: (This program does not supply baby gates due to liability).	
Mr. Yuck Stickers	20 per sheet		
Smoke Detector	One x # bedroom(s) in the home	Car seat safety check needed: <i>If you indicate the family needs a car seat check, staff will coordinate the check with you and the family.</i>	
Carbon Monoxide Detector	1	Cribs for Kids Program for Infants (Cribette) Families with a child under age 1 in need of crib (Cribette- Portable Play Yard) and/or safe sleep education? If yes, please contact CARE for a referral to the McKean County Cribs for Kids program. Infant's Age _____ Infant's Weight _____	
Stove Knob Covers	1		
Lever Handle Lock	Up to 2	Mini Crib Program	
Universal Cable Gun Lock *Fits most guns*	Up to 2	The program has a limited number of mini cribs that are appropriate for children who do not meet program guidelines for the Cribs for Kids Program. (Over 1 year of age / over 30lbs and under 50lbs). Please call the office for more information.	
Medication Safe Lock Box or Medication Safe Lock Bag	1	Child's Age _____ Child's Weight _____	

***Availability of all items is limited and based on inventory.**

Family Participation Consent:

I hereby consent to my family's receipt of child safety items from CARE for Children's/ Safe Kids McKean Partner Home Safety Program. In providing my consent, I understand that the program does not install or otherwise provide warranty for these items. I agree to indemnify, defend and hold harmless CARE for Children, (lead organization) as well as officers, agents, employees and volunteers of the above from all claims or losses accruing or resulting to any person, firm or corporation whom may claim to be injured or damaged as a result of acts or omissions involving the placement and/or use of items including mini cribs provided within this Home Safety Program. In providing my consent, I understand that the program does not guarantee or otherwise provide warranty for these items. I also understand that it is my family's responsibility to use the items in the manner prescribed. I sign this consent and release with such knowledge and information and agree to forever release and discharge the referring professional, CARE for Children and Safe Kids Pennsylvania- McKean County Partner. their assigns, servants, agents, employees and directors of and from all causes of action, claims and demands, damage directly or indirectly sustained by me or my household members and/or guests as a result of participation in this program.

Family Participation signature:

Printed Name: _____

Signed Name: _____

Date: _____

How will the items be delivered to family? _____

Who will ensure items are in use? (service provider, therapist/agency/etc) _____
(Please see program guidelines)

Home Safety Program Guidelines

- 1) This program is free for families with demonstrated need who reside in McKean County, Pennsylvania.
- 2) The Home Safety Program was made available through grant funding; the funding necessitates that CARE for Children track item use by family/zip code.
- 3) If smoke detectors and or a carbon monoxide detector is requested, the referring professional is required to provide basic education regarding optimal safety item placement in the home and to review the family evacuation plan (which are included with the safety items).
- 4) As a referring professional, you are asked to help the family determine which safety items are needed for the household, have a responsible, adult family member sign the consent to receive the items, and follow up with the family within 30-60 days to ensure that the items are in use.
- 5) CARE for Children staff will follow up with the referral source, via phone, to determine if the items are in use, and with the family via a short survey to gauge the impact, if any, of the safety items; and attitudes and knowledge of home/child safety issues after 60 days.
- 6) Participation in any of CARE for Children or Safe Kids Pennsylvania programs is voluntary.

**Please return completed form by faxing to (814) 362-1066
or by e-mailing reception@careforchildren.info**

Please photocopy this form as needed

