

Safe Kids Pennsylvania McKean County Partner Safety Item Referral Form

Ashley Booth Griffin CARE for Children Center
723 East Main Street, Bradford, PA 16701
Phone: (814) 362-4621



Date: _____

Family Name: _____

Address: _____

_____ Phone: _____

Number of Children in household: _____

Referral Provided By:

Name: _____

Organization: _____

Phone #: _____

Circle safety items* needed:			
Items		Child safety & injury prevention information Materials needed:	
*Childproofing Essentials Kit Contains the following items: Grip 'N Twist Door Knob Covers Wide Grip Latches (cabinet/drawer) Secure Press Plug Protectors	1 Kit Available Per Family	Fire Safety	Carbon Monoxide Safety
	4	Home Safety	Bicycle Safety
	12	Gun Safety	Toy Safety
	30	Lead Safety	Pedestrian Safety
Multi-Purpose Appliance Lock	Up to 2	Poison Prevention	Water Safety
Toilet Lock	Up to 2	Car Seat Safety	Other:
Window Blind Cord Wind-Ups	Up to 4		
Furniture Wall Straps	Up to 6		
Mr. Yuck Stickers	20	Does the family need a car seat safety check? If yes, the family may contact CARE to schedule a car seat check with a certified technician.	
Smoke Detectors	Up to 3	Child under age 1 in need of crib and/or safe sleep education? If yes, please contact CARE for referral information to the McKean County Cribs for Kids program.	
Carbon Monoxide Detector	1	Other items needed:	

*Availability 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 child safety program. In providing my consent, I understand that the program does not install 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. 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. **See reverse side**

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)

Safety Item Program Guidelines

- 1) The household child safety items program was made available through grant funding; the funding necessitates that CARE for Children track item use by families.
- 2) 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).
- 3) 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.
- 4) CARE for Children staff will follow up with you, 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.
- 5) 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

