STARK COUNTY HEALTH DEPARTMENT

Every Baby Sleeps Safe

Referral Form

Date Referred: _____ **Referral Source:** _____

Client's Name: _____ **Phone:** _____

Address: _____ **Client's DOB:** _____

Email: _____

Due Date: _____ **or** **Infant's DOB:** _____

(Should be younger than one year for this class.)

Date of Class Scheduled: _____

(Will be scheduled by health department staff.)

Eligible for WIC per household income? YES NO

In need of a portable crib? YES NO

Want information about home visiting programs? YES NO

Comments: _____

_____

Name of Person Completing this Form: _____

Please Fax Completed Form to 330-493-9932 Or call 330-493-9928.

Guidelines to Schedule:

1. Must be eligible by income 185% FPL
2. Does not have a safe place for infant to sleep
3. Willing to receive safe sleep education and follow up 1 month later
4. Schedule pregnant women so they are coming for a cribs class when they are at least 32 weeks pregnant.
5. Infants should be younger than 1 year and less than 30 pounds

Funded by the Department of Children and Youth Services

Q Safe Sleep File
June 2026

7235 Whipple Ave. NW, North Canton, OH 44720 | 330.493.9928 | StarkHealth.org