



**Family Service Association
Child Safety Programs- Referral Form**

Please check programs of interest:

- CAR SEAT PROGRAM** – Car Seats and Installation Education for Indiana residents
- CRIBS FOR KIDS** – Portable Crib (Pack n Play) and Safe Sleep Education for Indiana residents

Date of referral: _____

Referring agency: _____

Staff name: _____

Parent/guardian name: _____

Parent contact number: _____

Address: _____

Child's name(s) and birthdates: _____

(if expecting, include due date) _____

Reason for referral/ specific safety needs:

Referring staff signature: _____

Consent for contact:

I, _____, give my permission to be contacted by Family Service Association Program and to participate in the services they offer.

Parent Signature

Date

**Please mail this form to: Family Service Association, 618 S Main St., Kokomo, IN 46901
or scan and email to grubers@fsahc.org For questions Phone: 765.457.9313**