

Cradle of Hope...motherhood fund Non-Cribsite

1935 West County Road B2, Suite 241 Roseville, MN 55113
651-636-0637 / Toll-Free 877-736-0637
Fax: 651-631-2642 or 651-638-9762
www.cradleofhope.org

The purpose of the Cradle of Hope Grant is to provide "last resort" funding to pregnant women who have encountered expenses related to their pregnancy which they cannot handle. Cradle of Hope funding should only be offered when other services or funds are unavailable.

Pack-N-Play APPLICATION GUIDELINES:

Cradle of Hope is able to offer the Pack-N-Play (PNP) to women experiencing a financial crisis due to pregnancy. They are awarded to those clients whose pregnancy-related financial crisis has left them unable to save money for a safe place for baby to sleep. Agencies throughout Minnesota are able to apply for clients in need. **Some agencies have additional requirements.**

1. Cradle of Hope is able to offer support for this essential service when the life of an unborn child is in jeopardy and for a medical necessity or for the safety of a newborn. Due to limited funding, COH is able to offer financial support only to women who are verified (photo ID) residents of Minnesota and who are at least eight months pregnant or whose baby is under three months of age. COH is able to offer assistance for a portable crib (Pack-N-Play or PNP) if the application demonstrates that the request is a last resort.
2. If your client lives within a reasonable proximity of a Cradle of Hope Cribsite (attached), please refer her there. If the distance is unreasonable, you may assist her in obtaining a PNP with the attached application.
3. Agencies are required to provide written Safe Sleep Education material to crib recipients at the time the PNP is delivered. These materials, written in English, Spanish, Hmong and Somali, are available on the MN Dept of Health's Infant Mortality Reduction website:
<http://www.health.state.mn.us/divs/fh/mch/mortality/safeandasleep/orderform/index.cfm>
Please keep on hand materials in all said languages.
4. If there is a relatively large population in your area that communicates in another language, reasonable efforts should be made to accommodate them. These efforts may include:
 - having some of the Safe Sleep Education material translated
 - providing interpreters
 - asking applicants to bring interpreters with them to appointments
 - using visual illustrations or props, pointing out key Safe Sleep video highlights.
5. If Agencies require applicants to earn PNPs by engaging in some other kind of educational activity (Earn While You Learn, EWYL), sufficient educational materials in Spanish must be provided in areas where there are a number of Spanish-speaking clients. Excellent safe sleep materials are available in English and Spanish on DVD at little or no cost through the following resources:

- <http://www.firstcandle.org/new-expectant-parents/bedtime-basics-for-babies/video/>
- <http://www.youtube.com/watch?v=0zoQ7n3omqQ>

Other Resources:

- <http://cribsafety.jpma.org/content/safety-videos>
- http://www.sids-pa.org/SIDS-EDUCATION-SafeSleep_Manual.htm

If you are unable to provide adequate EWYL resources for other non-English speaking applicants, devise a policy whereby these applicants have equal access to PNPs. The policy may stipulate that PNPs (or a certain percentage of PNPs) are given to these applicants without requiring EWYL participation. Use your best judgment, remembering that all applicants must have equal access to PNPs.

For those in Greater MN with no Cribsite within a reasonable distance, follow the steps below:

1. Fill out, with client, the application, including the box located at the top of the application.
2. Make a copy and fax (651-631-2642) or mail the copy to COH.
1935 W County Road B2 #241, Roseville MN 55113
3. If approved, you will be notified and a PNP will be ordered and sent to the address you provided.
4. When your client arrives to pick up the PNP, she must first read the Safe Sleep information.
5. Client acknowledges that she has read the Safe Sleep brochures or that she has been provided an alternative to reading the information by initialing the Safe Sleep/Hold Harmless Form
6. Client signs the Hold Harmless form.
7. Fax or mail the initialed and signed Safe Sleep/Hold Harmless Form to Cradle of Hope.

Questions concerning these guidelines or any other information about the application process, should be directed to Kathy McHale or Andrea Pepin at 651-636-0637 or by email cradleofhope@cradleofhope.org

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1935 W. County Road B2, Roseville, MN 55113
651-636-0637 Fax 651-631-2642 or 651-638-976

Pack-N-Play Application – NO Cribsite

Please Print

Where did client hear about CoH? Family/Friend _____ WIC/Health Dept _____
Community org/Agency _____
Brochure/Media _____ Other _____

Agency Name _____ Worker's Name _____

1. Today's date ____/____/____ MN Photo I.D. matched? _____ Social Security # _____

Client's Name: (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

County _____ Telephone _____ Client's date of birth ____/____/____ Age _____

Marital status:

____ Married
____ Single
____ Widowed
____ Separated/Divorced

Race:

____ White
____ Black/African Am.
____ Am. Indian
____ Asian
____ Other

Est. due date or baby's birth date

____/____/____
1st trimester ____ 2nd trimester ____ 3rd trimester ____ Post-partum ____

Number of births _____ Number of miscarries _____

Number of adoptions _____ Number of abortions _____

Total number of pregnancies including this one _____

Is client planning to parent this baby? _____

Has she considered an adoption plan? _____

Ethnicity: Hispanic _____ Yes _____ No _____

Number of other children in household _____ Ages: _____

Is the client living with the father of the child? _____ With other adults? _____

Are other adults sharing living costs with client? _____ If not, explain _____

Has the client ever received **Cradle of Hope** assistance before? ____ When? _____ Amount \$ _____

Has the client ever applied for and been refused **Cradle of Hope** assistance? _____ When? ____/____/____

Client's Net Income from: **Employment** \$ _____/month; **Child Support** \$ _____/month; **MFIP** \$ _____/month;

Social Security \$ _____/month; **Family Support** \$ _____/month; **Other** \$ _____

Does client receive Medical Assistance? Yes? _____ No? _____ **Does client receive WIC?** Yes? _____ No? _____

Current **monthly** expenses (If client is a minor, list guardian's expenses)

Housing	\$ _____	Transp. (bus, cab)	\$ _____	Telephone	\$ _____
Food (over stamps)	\$ _____	Car payment?	\$ _____	Cable TV	\$ _____
Utilities	\$ _____	Year & Make of car	_____	Credit Card	\$ _____
Laundry	\$ _____	Gas	\$ _____	DEBTS (List)	_____
Clothing	\$ _____	Auto insurance	\$ _____	Tuition	\$ _____
Diapers	\$ _____	Entertainment	\$ _____	INCOME	\$ _____ TOTAL
Personal Items	\$ _____	Tobacco/Alcohol	\$ _____	EXPENSE	\$ _____ TOTAL

5. **For social worker or facilitator conducting the interview:** Please write a brief account of what precipitated the need for financial assistance and what other attempts have been made to locate baby item. _____

Please print Shipping Address/Contact person/Phone Number: _____

I understand that the approval of a grant is subject to the decision of COH's Funds Approval Committee, the recommendation of my facilitator and the availability of COH funds. I authorize any person or agency to release information about my assets and liabilities to COH for the purposes of confirming my financial need. I certify that the information that I have provided on this application is true and that the funds I receive will be used for the purpose stated on this application. Denial will result if information is found to be false. I understand that this information will be used by the caseworker requesting funds from COH and from the Funds Approval Workers at Cradle of Hope.

Rev 03/11

Client's Signature _____

[Office Use Only]
PNP# _____
Distributed Month/Year _____
Approval Date _____
Denial Date _____

Please enter information before sending to COH:
Authorized by _____
Agency _____

Safe Sleep/Hold Harmless Form

Client's Name: _____

Application Date: _____

I have read the Safe Sleep information or have been provided an alternative to reading the information _____
initials

Hold Harmless Agreement

In exchange for the grant of a "Pack-N-Play" portable baby crib, receipt of which is hereby acknowledged, I, _____, agree to indemnify, defend and hold harmless Cradle of Hope, Inc. and its Safe Slumber program and "Cribs For Kids", as well as the officers, agents and employees of said organizations from any and all claims or losses accruing or resulting to any person, firm, or corporation who may claim to be injured or damaged as a result of acts or omissions involving the placement and/or use of the portable crib provided to me by the Cradle of Hope, Inc. Safe Slumber program and/or "Cribs For Kids".

Signed: _____

Date: _____

Witness: _____

Date: _____

Pack-N-Plays are partially funded by the MN Positive Alternatives Program

CRIBSITES Pack-N-Play Program
Cradle of Hope...motherhood fund
For pregnant women & babies under three months old

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www.cradleofhope.org cradleofhope@cradleofhope.org

1. Mpls. North *Northside Life-Care - 612-522-6589* Cindy Lorsung
2. Mpls. South *Tapestry Pregnancy & Family Resource Center – 612-823-0301* Kimberly Rynders
3. UofM/Surrounding Areas *University Life-Care Center – 612-623-3211* Jessica Kegley
4. Mpls. Northwest *Metro Women’s Center – 763-533-8642* (Crystal) Colleen Tronson
5. Mpls. West Suburban *Minnetonka Life-Care Center – 952-938-4496* (Hopkins)Cyndie Gloe
6. NW Twin City Suburban *First Care Pregnancy Center – 763-323-3435* (Anoka) Megan Kuenzel
7. NE Twin City Suburban *St. Croix Valley Life-Care Center - 651-439-5964* (Stillwater) Pat Burns
Lakes Life-Care Center - 651-464-4340 (Forest Lake) Vaunae Hansel
8. SW Twin City Suburban *Pregnancy Choices Life-Care Center - 952-997-2229* (Apple Valley) Jeri Bartek
Alpha Women’s Center - 952-447-5683 (Prior Lake) Dawn Keegan
9. St. Paul South *Highland Life-Care Center – 651-695-0111* Jeanna Desideri
10. St. Paul Southeast *Wakota Life-Care Center – 651-457-1195* (W. St. Paul) Kathy Weinzetl
11. St. Paul Central *Birthright – 651-646-7033* Barb Wollan
First Steps – 651-220-6883 Kimberly Reisig
Seton Services – 651-647-3124 Peggy Sapp
12. St. Paul East *Life-Care Center East – 651-776-2328* (White Bear Ave. south of Maryland) Pat Doyle
13. Austin/Surrounding Areas *Rachel’s Hope Pregnancy Center – 507-437-7595* Michelle O’Connor
14. Duluth/Surrounding Areas *Birthright of Duluth – 218-723-1801* Theresa or Sandy
15. Faribault/Surrounding Areas *Pregnancy Options Life-Care Center – 507-332-7644* Denise Kulig
16. Hastings/Surrounding Areas *Hastings Total Life-Care Center – 651-437-4200* Jeanne Marthaler
17. Mankato/Surrounding Areas *Birthright of Mankato – 507-387-7818* Jody Steffen
18. Marshall/Surrounding Areas *Birthright of Marshall – 507-532-3660* Diane Hennen
19. Morris/Surrounding Areas *Morris Life-Care Pregnancy Center – 320- 589-0300* Theresa Fisher
20. Park Rapids/Surrounding Areas *Pregnancy Resource Center – 218-732-5212* Heiki Gross
21. Rochester/Surrounding Areas *First Care Pregnancy Center – 507-282-3377* Janelle Steeber
22. St. Cloud/Surrounding Areas *Pregnancy Resource Center - 320-253-1962* Megan Bisers
23. Willmar/Surrounding Areas *Hope Pregnancy Center – 320-235-7619* Pat Layman

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