



## Injury Prevention Program Crib Application Form

**Prior to completing this application, please review the following seven commitments and initial your agreement to them.**

If selected as a crib recipient, I accept the following responsibilities:

- Initial here** \_\_\_\_ The crib must be redeemed and remain in the possession of the person whose signature appears below with the terms presented to him/her by ASCC.
- Initial here** \_\_\_\_ I understand that cribs are not guaranteed and that this is a competitive process. My application will be considered based on the need I demonstrate and information I provide in this application.
- Initial here** \_\_\_\_ I understand ASCC is not the manufacturer, seller or commercial distributor of this crib. ASCC does not make any statement of fact, promise, representation, affirmation or other indication with respect to the quality and/or workmanship of this crib. Users of this crib are referred to the manufacturer's instructions and product information
- Initial here** \_\_\_\_ I knowingly and willingly acknowledge that to the best of the belief, knowledge and understanding of ASCC, the manufacturer of this crib has represented that this crib conforms to applicable voluntary and mandatory regulations, established by the US Consumer Product Safety Commission.
- Initial here** \_\_\_\_ The recipient acknowledges that they have received the instructions for safe use of this product. Recipient further agrees that the crib provided will be for their personal use and will not be sold for their personal gain or benefit.
- Initial here** \_\_\_\_ The undersigned does hereby consent to permit ASCC to: use my name/my child's name and photograph for the purposes of promoting the agency/United Way, brochures, educational purposes and in connection with publication in the community that are supportive of the agency and related child care issues.

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**Please fill out completely and sign below.**

Name of Applicant: \_\_\_\_\_

Mailing Address (include city and zip code): \_\_\_\_\_

\_\_\_\_\_ Cross Streets: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Crib Training Attended: \_\_\_\_\_

Type of Care Provided (✓ all that apply):

- DHS Licensed Center (please indicate License # \_\_\_\_\_)
- DHS Certified Child Care Group Home (please indicate certificate # \_\_\_\_\_)
- DES Certified Child Care Home (please indicate certificate # \_\_\_\_\_)
- Kith and Kin/Unregulated/Provider (please indicate Kith and Kin Group location \_\_\_\_\_)
- Parent

Do you have a DES child care subsidy contract?  Yes  No

Total number of all children enrolled: \_\_\_\_\_ Total number of children in care who are subsidized by DES: \_\_\_\_\_

Total number of children served each day: \_\_\_\_\_ Specify the number of children in each age group:  
\_\_\_\_\_ Infants \_\_\_\_\_ 2 year olds \_\_\_\_\_ 4 year olds \_\_\_\_\_ School-age  
\_\_\_\_\_ 1 year olds \_\_\_\_\_ 3 year olds \_\_\_\_\_ 5 year old

Annual Household Income: \$ \_\_\_\_\_

Please indicate if you have qualified for and are receiving services from any other organizations (i.e. WIC, AHCCCS, Food Stamps, Head Start, etc.) Please include copies of any document verifying your participation.

Have you received a crib from ASCC before?  No  Yes If yes, when? \_\_\_\_\_

Do you currently have a crib?  No  Yes

Why would you like to receive a crib? (attach additional page, if necessary)

Please indicate if there are any other special circumstances that should be considered (i.e. single parent, sole income provider, unemployed, etc. Attach additional page, if necessary)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please mail completed application with attached paperwork to:  
Association for Supportive Child Care  
Child Care Injury Prevention Program  
3910 South Rural Road, Suite E  
Tempe, AZ 85282

**For Office Use**

Date application was mailed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date application was received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Program making recommendation \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Staff making recommendation \_\_\_\_\_ Signature \_\_\_\_\_  
Program Supervisor's Approval and Signature \_\_\_\_\_  
Total Score \_\_\_\_\_ Approved  No  Yes

**ASCC Staff**

Please initial each item following crib distribution.

Staff making delivery \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
-Crib instructions have been reviewed with the recipient (initials) \_\_\_\_\_  
-Crib Redemption agreement has been reviewed and signed by the recipient (initials) \_\_\_\_\_  
-The recipient has set up the crib to demonstrate proper use (initials) \_\_\_\_\_  
-Removed unsafe crib to return to ASCC if applicable (initials) \_\_\_\_\_  
-One crib sheet has been provided (initials) \_\_\_\_\_

**Notes:**

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_