



CRIBS FOR KIDS VOUCHER

(Attach Copy of Enrollment and In-Service Form)

This voucher and appropriate paperwork must be emailed /faxed to Alabama Department of Public Health within 24 hours of identifying the need for a crib.

_____ has completed the required enrollment and in-service
Recipient

form to receive a Pack-N-Play portable crib through the Alabama Safe Sleep Program.

A Pack-N-Play will be sent to _____ at
Recipient

Street Address (Shippers cannot deliver to a PO Box)

Someone must sign for the Pack-N-Play in order to confirm receipt of the item. Crib will be mailed within 3 working business days. Should there be any questions, please contact Shalisa Gauntt at 334-206-9405.

DO NOT WRITE BELOW THIS LINE

Voucher received by (email / fax) circle one *Date* *Date Crib Shipped*