

Cambridge-Guernsey County Health Department

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Cribs for Kids Application

This form is to be completed and turned in to receptionist at the Health Department.

THIS FORM IS CONFIDENTIAL and must be agreed by the applicant that the details set out on this application form are accurate.

Application does not guarantee acceptance.

Name:

Telephone: Date of Application: / /

Are you currently pregnant? No  Yes If yes, what is your due date? / /

If applying for a crib for an infant that is already born, what is your infant’s date of birth and weight?

DOB? / / Weight: LBS

Do you currently have any of the following sleep options for your home? Crib Bassinet Pack n’ Play

Are you currently enrolled in WIC? No  Yes 

Thank you for your application. Our program coordinator will contact you regarding the status of your application.

Kind regards,

Amber Henderson

Health Educator / Program Coordinator