

# ORDER FORM

## SAFELY SURRENDERED BABY KIT



**Kit Includes:**

- Procedures for accepting a newborn,
- Coded ankle bracelets for the newborn, and surrendering individual
- Materials for surrendering individual:
  - o Optional Medical Questionnaire\*,
  - o Safely Surrender Baby program fact sheet,
  - o Prepaid envelope\*\*



OFFICE OF  
CHILD ABUSE  
PREVENTION  
California Department of Social Services

*grow strong families*

**Ordering Information**

<b>Languages</b>	English	Spanish	Chinese	Russian
<b>Quantities</b>				

Requestor Name: \_\_\_\_\_

Requesting Organization: \_\_\_\_\_

Requesting County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

County Health and Human Services Agency: \_\_\_\_\_

County Health and Human Services Agency USPS Business Reply Mail Permit Code\*\*: \_\_\_\_\_

Requestor Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The bracelets for the newborn and matching adult are pre-coded. If you would like additional code, please specify:

*Example 1: Jane COUNTY      Example 2: 12345 COUNTY*

Additional Bracelet Coding: \_\_\_\_\_

**\* Optional Medical Questionnaire**

Although a person surrendering a baby under the Safely Surrendered Baby Law will be asked to complete a medical questionnaire, the form is optional and is intended solely for the purpose of collecting medical information critical to the health and survival of the child. The surrendering party may complete the form at the site or complete it later and send it back using the pre-paid envelope. Any information that may identify the person surrendering the baby will be removed in order to maintain that person's confidentiality. The form is available in English, Spanish, Chinese and Russian. Additional questionnaires can be downloaded at [www.babysafe.ca.gov](http://www.babysafe.ca.gov).

\*\* A surrendering individual may complete the optional medical questionnaire and mail the questionnaire to the local county health program at no expense. The County Health and Human Services Agency's USPS Business Reply Mail Permit Code would be used for the optional medical questionnaire return envelope.

Submit completed order forms to [PublicationRequests@DSS.ca.gov](mailto:PublicationRequests@DSS.ca.gov), or via fax at (916) 651-6328 or mail to The Office of Child Abuse Prevention at 744 P Street, MS 8-11-82, Sacramento, CA 95814. Please allow three weeks for shipping.

For more information regarding the Safely Surrendered Baby Kit materials, or the Safely Surrendered Baby Law, please contact the Baby Safe hotline at 1.877.BABY.SAF (1-877-222-9723) or the Office of Child Abuse Prevention at (916) 651-6160.