



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Gail Vasterling**  
Acting Director



**Jeremiah W. (Jay) Nixon**  
Governor

Date

LPHA Administrator  
LPHA Name  
LPHA Street Address  
LPHA City, State, Zip

Dear :

The Department of Health and Senior Services (DHSS) would like to thank your health department for agreeing to participate in the Safe Cribs for Missouri program. Based upon individual requests, Graco Pack 'n Play portable cribs will be provided to your organization for distribution to an eligible Missouri resident who has an infant or who is pregnant and requires a crib for their infant, and agrees to participate in two individual education sessions on Safe Sleep and SIDS.

The Department of Health and Senior Services, Division of Community and Public Health, Bureau of Genetics and Healthy Childhood, will have the crib shipped to your agency for distribution to the family at no cost. Your agency will be responsible for the two individual education sessions with the family, following the 2011 American Academy of Pediatrics Recommendations for a Safe Infant Sleeping Environment. The first education session can be provided in your office or the client's home. The second education session must be provided in the client's home to reinforce and assess the implementation of safe sleep practices. For the initial education session, you will be reimbursed \$50.00 if conducted in the office, or \$75.00 if conducted in the home. For the second education session, which must be conducted in the home, you will be reimbursed \$75.00. The required forms documenting the education sessions must be submitted with the invoices. If your agency's home visiting sessions are being reimbursed through another contract, reimbursement will not be duplicated.

After completion of each education session, please submit an itemized invoice on your letterhead or DHSS Vendor Request for Payment form (DH-38), along with a copy of the required documentation form(s) to:

Missouri Department of Health and Senior Services  
Bureau of Genetics and Healthy Childhood  
ATTN: Mary List  
P.O. Box 570  
Jefferson City, MO 65102-0570

Please include your "Remit To" address if it is different from the address on the letterhead.

[www.health.mo.gov](http://www.health.mo.gov)

**Healthy Missourians for life.**

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Please return this letter with your signature or that of an authorized representative to the above address. Your signature signifies that you agree with the terms of reimbursement. This agreement will remain in effect through [date].

The Bureau of Genetics and Healthy Childhood looks forward to your participation and working with you. Please contact Mary List at 573-526-4405 if you have any questions.

Sincerely,

Dr. Sharmini V. Rogers, MBBS, MPH, Chief  
Bureau of Genetics and Healthy Childhood

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Director Date  
Division of Community and Public Health

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Administrator Date  
County Health Department