

Agency Registration Form

moms supporting moms

New Mom Project is committed to helping marginalized new families by providing basic baby essentials. As a partnering agency, you play a critical role in screening potential recipients of our donations. This helps New Mom Project ensure that we continue to focus on our target population and safeguards our services from being abused.

Date: _____

Referring Agency

Name of Agency: _____

Address: _____

Phone Number: _____

Email: _____

Contact person: _____

Signature: _____

Additional Comments / Requests: _____

We authorize New Mom Project to include us on their website as a Partnering Agency.

We authorize new mom project to view confidential information and contact the referred clients as needed to access New Mom Project services. New Mom Project will not share emails or other confidential data with any other agency without expressed permission.

*please submit completed form to
newmomproject@gmail.com*

