



Congratulations on your new baby... what an exciting time in your life! We would love to gather some information on your family in order to determine if we can be a good fit and to help identify resources that might be of interest to you. (Your information will not be released to external sources.)

Healthy Families provides free, one-on-one support during your pregnancy and after baby arrives. We share with you the latest information on child development, infant care, and parenting. We provide information and personal support to the family including activities, resources and available programs in our community. We even have a **FREE GIFT** to welcome you if you decide to meet with us. We look forward to meeting you!

BABY'S NAME _____	
DUE DATE: ____/____/____	DATE OF DELIVERY: ____/____/____
PARENT'S NAME: _____	PARENT'S DATE OF BIRTH: ____/____/____
ADDRESS: _____	
CITY/STATE: _____	COUNTY: _____
PHONE: _(____) _____	IS THIS YOUR? <input type="radio"/> 1 <sup>ST</sup> CHILD <input type="radio"/> 2 <sup>ND</sup> CHILD <input type="radio"/> 3 <sup>RD</sup> OR BEYOND

What is your marital status?  Married  Single  Divorced  Separated  
 Widowed  Living together

Do you receive any of these benefits?  Medicaid  TANF  SNAP  Disability  WIC

What is your highest level of education?  8<sup>th</sup> grade or less  Some High School  
 High School Diploma/HSE  Some College  College Degree

Do you have a home address?  Yes, no housing concerns  I have temporary housing  None

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Pick-Up Date: \_\_\_\_\_ Faxed to: \_\_\_\_\_

Could the family benefit from help with these issues:  Substance abuse  Depression  Psychiatric Care

Could the family benefit from help with their finances?  Yes  No

Could the family benefit from help with working through family/relationship issues?  Yes  No

Source:  BRMC  PHH  MGH  WIC  My Healthy Baby  Other: \_\_\_\_\_

