

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
BABY'S SEX:BOY
DUE DATE:/ DATE OF DELIVERY://
PARENT'S NAME:
ADDRESS:ZIPCODE:
CITY/STATE: COUNTY:
PHONE: _() IS THIS YOUR? O 1 ST CHILD O 2 ND CHILD O 3 RD OR BEYON
What is your marital status? O Married O Single O Divorced O Separated
O Widowed O Living together
Do you receive any of these benefits? O Medicaid O TANF O SNAP O Disability O WIC
What is your highest level of education? O 8th grade or less O Some High School
O High School Diploma/HSE O Some College O College Degree
Do you have a home address? O No housing concerns O I have temporary housing O 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: O Substance abuse O Depression O Psychiatric Care
Could the family benefit from help with their finances? O Yes O No
Could the family benefit from help with working through family/relationship issues? O Yes O No