

Healthy Families of Herkimer County

Phone: (315) 792-9039 Fax: (315) 731-5646

100 South Main Street - Herkimer, NY 13350

**Healthy Families of Oneida County**

Phone: (315) 792-9039 Fax: (315) 792-9578

106 Memorial Parkway - Utica, NY 13501

Today's Date: _____

Parent 1/ Caregiver 1's Name: _____ **DOB:** _____ **Phone #:** _____**Street Address:** _____ **City:** _____ **Zip:** _____**Parent 2/ Caregiver 2's Name:** _____ **DOB:** _____ **Phone #:** _____**Street Address:** _____ **City:** _____ **Zip:** _____**Estimated Due Date or Date of Delivery:** _____**Email Address:** _____How do you prefer to be contacted? (*check all that apply*) ☐ Text ☐ Phone Call ☐ EmailIs it okay to leave voicemails on your phone? ☐ Yes ☐ No

1. Choose the one that best applies:

☐ Married ☐ In a Relationship/Unmarried ☐ Single ☐ Divorced/Separated ☐ Widowed

2. When did your prenatal care begin?:

☐ 1-12 weeks ☐ 13-24 weeks ☐ 25-40 weeks ☐ No Prenatal Care

3. Which services do you currently receive?

☐ WIC ☐ SSI/SSD ☐ SNAP (formerly known as food stamps) ☐ HEAP ☐ Medicaid ☐ Public Assistance☐ None ☐ Other: _____

4. Who can you count on for support?:

☐ Partner ☐ Parents ☐ Grandparents ☐ Other Family ☐ Friends ☐ No One ☐ Other: _____☐ Please do not contact me (by checking this box you are stating that you do not want anyone from Healthy Families to contact you)

By signing, I understand that a representative from the Healthy Families program will contact me with more information.

Signature: _____ **Date:** _____**Referral Information****Referral Source 's Name:** _____ **Phone Number:** _____**Referral/Recruitment Source** (*Check Only One*):☐ Private Physician ☐ Health Clinic ☐ Hospital ☐ WIC ☐ DSS/CPS ☐ Home Visiting Program ☐ Visiting Nurses☐ Home Health Care Agency ☐ Church ☐ Community Based Organization ☐ School ☐ Daycare Center☐ Friend/Family ☐ Other: _____