

**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 ☐ Email

Is 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 Montgomery-Schoharie Counties 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: \_\_\_\_\_