



Healthy Families Mountain State™



Your Name: _____ Date of Birth: ____/____/____

Street Address: _____ Phone Number: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ ZIP Code: _____

County of Residence (please circle): Cabell Lincoln Logan Mason Wayne Other: _____

Best Method to Contact:

- Phone: Call
- Phone: Text
- Email
- Facebook
- Other: _____

Best Time to Contact:

- Morning
- Afternoon
- Evening
- Anytime

Prenatal Doctor: _____

Due Date: ____/____/____

First Pregnancy: Yes or No

I have _____ other child(ren).

Child's Date of Birth, if already born: ____/____/____

Child's Name: _____

Optional

Race: _____ Hispanic: Yes or No Marital Status: _____

I have medical insurance: Yes or No Highest Grade completed (or GED): _____

Other Parent's Name: _____ Date of Birth: ____/____/____

At Mountain State Healthy Families, we customize our services to reflect the needs and interests of each and every family. We will visit with you on a regular basis to help you on this journey into parenthood. To better serve you, please let us know what topics you are interested in below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Basic infant care | <input type="checkbox"/> Developmental screenings | <input type="checkbox"/> Labor and Delivery |
| <input type="checkbox"/> Bonding and attachment | <input type="checkbox"/> Early literacy | <input type="checkbox"/> Perinatal depression |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Food pantry referrals | <input type="checkbox"/> Positive discipline strategies |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Fun, free family events | <input type="checkbox"/> Potty training |
| <input type="checkbox"/> Car seat safety | <input type="checkbox"/> Goal setting | <input type="checkbox"/> Referrals to community resources |
| <input type="checkbox"/> Child development | <input type="checkbox"/> Healthy pregnancy | <input type="checkbox"/> Safe sleep |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> How to soothe a crying baby | <input type="checkbox"/> Smoking cessation |
| <input type="checkbox"/> Crafts and homemade toys | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Other: _____ | | |

I agree to be contacted about the Mountain State Healthy Families program and/or other community resources. I understand that my information will be shared with the program funder.

Signature: _____ Date: ____/____/____

Legal Guardian Signature (if applicable): _____

Office Use Only Date Received ____/____/____ Received By: _____ Office ID: _____



ALL families in our service area who are pregnant or parenting a child under age 2 are eligible to join our program at no cost.

Please complete this form and leave it with your provider. You may also mail it to the address below. We will call you soon with more information about our program.



To enroll or learn more:

CABELL	304-523-9587
LINCOLN	304-824-4330
LOGAN	304-752-0411
MASON	304-857-0020
WAYNE	304-272-6692

Visit us online at:
www.teamwv.org/mshf
or
Find us on Facebook

Great childhoods begin at home

MOUNTAIN STATE HEALTHY FAMILIES
P.O. BOX 1653
HUNTINGTON, WV 25717

Your stamp allows more funds for our programs and services.

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