



**healthy families
madison county**

An Affiliate of Healthy Families America™



Office of Children
and Family Services

NOW ENROLLING

FAMILIES WHO ARE
PREGNANT OR WITH A **NEW BABY**



Services offered:



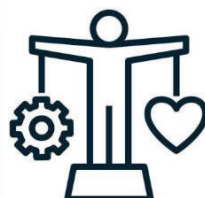
What
to expect during
Labor & Delivery



The latest information on
raising healthy children



Activities that
help your baby's
brain grow



Balancing
parenting and other
responsibilities



Bonding with
your Baby



Accessing community-
based supports

Access to:

- * Breastfeeding Support with Lactation Professionals
- * Cribs for Kids Program
- * Car Seat Program (eligibility dependent)
- * Diapers

To learn more or apply
CALL / TEXT
(315) 415-2639



Scan Me!

We want to connect with all Madison County parents who are expecting a baby or have a young child living at home

- Your information is confidential and will not be shared without your permission.
- To complete the referral form, please choose an option below:
 - Scan QR Code to complete online
 - Call the number listed to complete by phone
 - Text/Email a picture of the completed form below to the number listed



Call/Text: 315-415-2639

Email: esmith@capmadco.org

Today's Date: _____

Who is completing this form? ☐ Mother of Baby ☐ Father of the Baby ☐ Other _____

Your name: _____ Date of birth: _____

Partners name: _____ Date of birth: _____

Address: _____ City/Town: _____ Zip: _____ County: _____

Phone: _____ Message phone: _____ ☐ Check box if both parents live at the same address.

1. When is your baby's birth date or due date? _____

2. When did prenatal care begin?

☐ Before 3 months ☐ Between 3 – 6 months ☐ After 6 months ☐ Have not started yet

3. Is this your first child? ☐ Yes ☐ No

If no, how many children do you have under the age of 3 years old? _____

4. Choose one that applies to you:

☐ Single ☐ In a relationship ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

5. On a scale of 0 to 5, **please circle** the level of concern you have about your family finances: (with 0 being none to 5 being high)

0 -- 1 -- 2 -- 3 -- 4 -- 5

6. Please check all boxes below that you currently receive or applies to you:

- | | |
|-----------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Public Assistance/TANF | <input type="checkbox"/> I have no medical insurance |
| <input type="checkbox"/> Medicaid (Fidelis / United Healthcare) | <input type="checkbox"/> HUD |
| <input type="checkbox"/> Employed without insurance | <input type="checkbox"/> SSI/SSD for myself or a family member |
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> WIC |

7. Please fill in the space below with any resources you are looking for or information you want:

