



# healthy families madison county

An Affiliate of Healthy Families America™



## NOW ENROLLING

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



### Access to:

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

### Services offered:



What  
to expect during  
Labor & Delivery



Balancing  
parenting and other  
responsibilities



The latest information on  
raising healthy children



Bonding with  
your Baby



Activities that  
help your baby's  
brain grow



Accessing community-  
based supports

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



**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](mailto: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:

Public Assistance/TANF  
 Medicaid (Fidelis / United Healthcare)  
 Employed without insurance  
 SNAP (Food Stamps)

I have no medical insurance  
 HUD  
 SSI/SSD for myself or a family member  
 WIC

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