

Please print neatly! Thank you!

Name _____ Phone Number _____

Address (include city) _____

Are you pregnant? Yes No **Due Date** _____

Is this your first pregnancy? Yes No

Date of Birth _____ Race _____

Are you (circle one): Hispanic or not Hispanic

Household income _____ # in Household _____

Employed? full-time part-time not employed

Are you currently attending school? Yes No

If yes, where _____

Have you experienced low student achievement in school?

Yes No

Circle One: Married Never Married Living together, no married Divorced Separated Widowed

Are you serving or formerly served in the Military? Yes No

Do you have someone you can call or turn to in case of an emergency? Yes No

Regarding your home (check one): own or purchasing home rent live with friend/relative other

How many times have you moved in the last 12 months? _____

Who is your OB/GYN? _____

Who is your family physician? _____

Does lack of transportation prevent you from working, going to school, or getting services (check one)?

Most of the time Some of the time Never

In the past, has there been a time when fear for your personal safety prevented you from obtaining needed medical, social or education services? Yes No

How often do you have trouble paying for basic living expenses (rent, food, etc.)?

Most of the time Some of the time Never

In the past, has there been a time when you talked with a counselor, a minister, or a doctor because you felt sad, hopeless, anxious, or depressed? Yes No

Does anyone in your household uses tobacco products?

Yes No

Do you or your partner feel a need to cut down on drinking or drug use (or has someone asked you or your partner to cut down)?

Yes No I/We don't drink or use drugs.

Is there anything else you would like us to know about you and your family? **Please use the back of this form to explain.**

I, _____, give permission to the Macoupin County Public Health Department to release my name, address and phone number to only those parties responsible for child development programs in Macoupin County. I understand that this survey information will help determine eligibility for these programs and that I may be contacted by phone or mail regarding these additional programs. Only my name, address and phone number will be shared with the child development programs.

Parent or Guardian Signature _____

Date _____

Please promptly return form to Morgan Wheeler, HFMC Program Supervisor email: mwheeler@mcphd.net Fax: 217-854-4736