

Child and Family Development Survey

The purpose of this survey is to learn how we can best serve families. We respect your privacy and your answers will only be shared with partnering agencies upon your consent, given below. *Thanks for your help!*

MOTHER'S NAME _____
STREET _____
CITY _____ ZIP _____
COUNTY _____

DATE OF BIRTH _____
HOME PHONE _____
CELL PHONE _____

Initial contact will be made by phone, however, may we contact you by...

E-MAIL: _____ OK TO TEXT: YES or NO (text charges may apply based on your plan)

I would like to be contacted with *information on:* (signature required below)

___ Pregnancy & Parenting Programs ___ Family Resources
___ PACT: Child Development Program ___ WIC -Nutrition & Breastfeeding Info. ___ None

Have you ever been in the PACT Program? **Y** or **N** If yes, who was your home visitor? _____

I am: ___ Married
 ___ Single
 ___ Divorced / Separated / Widowed

I am: ___ Pregnant, my expected delivery date is _____ Is this your first child? Y ___ N ___ Ages _____
 ___ My baby was born on _____

When was your first prenatal visit?

___ 1-3 months
___ 4-6 months
___ 7-9 months
___ Have not seen my doctor yet. ___ # weeks gestation.

Language(s) spoken in my home

___ English
___ Other: _____

I am:

___ Receiving PACT Home Visiting Services
___ Receiving WIC (Women, Infants & Children)
___ Receiving Financial Assistance for food, shelter, or medical care
___ Employed without health insurance
___ Concerned about finances
___ None of the above

Race: (optional)

___ White
___ Black
___ Hispanic
___ Asian
___ Multiracial
___ Other _____



Signature Required

I give authorization for the release & receipt of information, which may include protected health information, from my records to/from the partnering agencies listed below. This authorization expires 120 days after the birth of my baby.

Name (Please print) _____

Signature _____

Date _____



Please fax to (607) 778-2864

Healthy Families Broome Partners: Applicable to all unless crossed off by participant

Broome County Health Department Healthy Families New York United Health Services Lourdes Hospital /PACT Binghamton PACT