



# HEALTHY FAMILY PARTNERSHIP

of Wyoming County  
*Helping Families Succeed*

Dear Expectant Mother,

A baby brings both joy and change. As you anticipate the arrival of your newborn, you are likely experiencing both excitement and concern. If you are a new mother, you may have questions about what it will be like to have a baby and care for a newborn. If you are an experienced mother, you may be wondering how this new addition will impact your life and how to get the most from this experience.

The Healthy Family Partnership of Wyoming County would like to make this time as easy and worry-free as possible. Our Registered Nurses can help you prepare for the arrival of your newborn with information on pregnancy and childbirth, breast and bottle feeding and tips to make parenting a little easier. We can help you find the services available to you and help you get the things you may need for your baby.

Best of all, the Healthy Family Partnership is completely free of charge. To find out more about how we can help you give your baby the best possible start, just fill out the form below. You are under no obligation by doing so. The brochure is for you to take home. We look forward to talking with you.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Doctor: \_\_\_\_\_ Due Date: \_\_\_\_\_

Is this your first pregnancy? \_\_\_ Yes \_\_\_ No      Is your household aware of your pregnancy? \_\_\_ Yes \_\_\_ No

Are you receiving WIC? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Applied

I give my permission for this information to be sent to the Healthy Family Partnership. Signing here does not enroll me in this program. I will decide that at a later time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Referral Agency:**

Once completed, please fax this form to The Healthy Family Partnership—836-1686

Thank You!