Give Your Baby a Healthy Start!
Because Babies don’t come with an instruction book!

Having your first child brings big changes in your life. Healthy Families Siletz is available to parents who are pregnant with or have given birth within the last three months. This program is voluntary, and it is free! There are no income requirements.

Healthy Families Siletz offers:

- The latest information about how babies grow, develop and learn both physically and emotionally
- Ways to bond with your baby
- Information about how to keep your family healthy
- Tips for parents about infant sleep, play, and attachment, and many more
- Information about other community resources, like breastfeeding support and car seat installation
- Home visits for parents and their children

If you are interested in hearing more about the Healthy Families program in your community, please complete the information below. Someone from Healthy Families will contact you soon!

☐ Yes, I am interested in getting more information about Healthy Families (site name).
☐ No, I am not interested in Healthy Families at this time. Can you please share with us why?

____________________________________________________________
Your Name: __________________________________ Date of Birth ___/___/___
Home phone: _________________________ Cell phone: _________________________
Address: ______________________________ City: __________________________
Zip Code: ____________________________ Email Address: ______________________

Baby's Name: ___________________________ Baby's Date of Birth ___/___/___

Baby's Gender: ☐ M ☐ F

Due Date if Pregnant ___/___/___

Are you a tribal member? ☐ Yes ☐ No If yes, what tribe? _______________________

Please mail or fax completed form to:
201 SE Swan PO Box 549, Siletz, OR 97380
FAX 541 444-8392
or call 541 444-8332 to learn more about Healthy Families services.

Healthy Families Oregon mission: “To promote and support positive parenting and healthy growth and development for all Oregon families expecting or parenting newborns that need and accept extra support.”

Referral Source: ______________ Date Received: ______________ Services: IHV WB packet Refusal UTC NBQ: Y

N Consent: Y N

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