

## Sanilac County Baby Pantry

Family Record – Please Print	
Last Name	First Name
Phone	
Address	
City	
Zip Code	

<p><u>Sex of Caregiver who participates at the Pantry</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Pregnant    Due Date: ____/____/____</p> <p style="padding-left: 100px;">Due Date: ____/____/____</p> <p style="padding-left: 100px;">Due Date: ____/____/____</p>	<p><u>Ethnicity</u></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Multi-Racial</p> <p><input type="checkbox"/> Other</p>
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Number of Adults in Household (18 and over)	Number of Children in Household (under age 18)
<p>What community services are you currently receiving?</p> <p><input type="checkbox"/> MIHP</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Any DHHS Assistance</p> <p><input type="checkbox"/> Any other existing service?</p> <p><input type="checkbox"/> Foster Parent</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Are there other services you would like information about?</p> <p><input type="checkbox"/> Early On</p> <p><input type="checkbox"/> Parents as Teachers</p> <p><input type="checkbox"/> Family Planning</p> <p><input type="checkbox"/> Food Assistance</p> <p><input type="checkbox"/> Safe Sleep</p> <p><input type="checkbox"/> Car Seat Assistance</p> <p><input type="checkbox"/> Medical/Dental _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>

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