Sanilac County Baby Pantry

Family Record – Please Print	
Last Name	First Name
Phone	Send/Receive Text Messages Y N
Address	
City	
Zip Code	

Sex of Caregiver who participates at the Pantry	Ethnicity
☐ Male ☐ Female ☐ Pregnant Due Date: ____/_____/____ Due Date: ____/_____/____ New Baby's Birthdate _____ New Baby's Name _____	☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Multi-Racial ☐ Other

Number of Adults in Household (18 and over) ____	Number of Children in Household (under age 18) ____
What community services are you currently receiving? ☐ MIHP ☐ Medicaid ☐ Any DHHS Assistance ☐ Any other existing service? ☐ Foster Parent ☐ WIC ☐ Other_____ ☐ Other_____ ☐ Other_____	Are there other services you would like information about? ☐ Early On ☐ Parents as Teachers ☐ Family Planning ☐ Food Assistance ☐ Safe Sleep ☐ Car Seat Assistance ☐ Medical/Dental _____ ☐ Other _____ ☐ Other _____ ☐ Other _____