PREGNANCY MAINTENANCE INITIATIVE INTAKE & NEEDS ASSESSMENT

NAME:			DATE: _		
COUNTY OF RESIDENCE: _			DOB: _		
ADDRESS:					
CITY, STATE and ZIP CODE:					
PHONE NUMBER:	EMERGENCY CONTACT:				
Do you consider yourself to be	of Hispar	nic origin?	Yes	No	
RACE (Circle): White Black or Native Hawaiian/ Other Pacific		American A	Am. Indian/A	Alaska Native	Asian
MARTIAL STATUS (Circle):	Single	Married	Divorced	Separated	Widowed
Spouse's Name: PREGNANCY INFORMATI	ON	Date	e of Birth:		
1. My due date is Month			_		
2. I have been pregnant, includi	ng this pı	regnancy, _	time	es.	
PRENATAL CARE AND OT	HER MI	EDICAL C	CARE		
3. Who will be providing your p	orenatal c	eare?			_
4. Who is your primary health c	are provi	ider?			
Have you had a well exa	am in the	last 12 mor	nths? Yes	□ No □	
5. Who will be the baby's docto	r?				_
Do you plan on having n	nore chil	dren after tl	his pregnanc	y? Yes □	No 🗆
If yes, when?					
What family planning m	nethods d	o you plan i	to use?		

FEELINGS ABOUT THE PREGNANCY

6. Thinking back to just before you became pregnant did you want to become pregnant at this time? No I don't remember No answer					
7. List any words that describe your feelings about this pregnancy.					
8. How does the father of the baby feel about you being pregnant?					
9. At the present time, I am planning: to continue the pregnancy to end the pregnancy to place the baby up for adoption unsure what I will do					
HOUSING					
10. I need assistance to locate housing for myself (and children). Yes $\ \square$ No $\ \square$					
PATERNAL AND FAMILY SUPPORT/INVOLVEMENT					
11. Do you and the baby's father live together? Yes □ No □					
12. Do you anticipate that the baby's father will assist you with your financial needs while you are pregnant? Yes □ No □					
13. Do you need information about the father's legal responsibilities to provide for the support, educational, medical and other needs of the baby? Yes □ No □					
14. I will be receiving help or support from: The Baby's Father □ My Boy Friend (not the baby's father) □ My parents □ Others (explain)					
FINANCES, TRANSPORTATION AND PERSONAL NEEDS					
15. I am concerned about having money for: Food □ Clothing □ Utility Bills □ Medical Bills □ Housing □ Rent □ Child Care □ Baby Items □ Transportation □ Other □					

16. I need the following baby items:						
Baby Bed □ Diapers □	Baby Clothes □	Baby Blankets □				
Bottles/Nipples □ Car Seat □	Other					
	•					
17. I usually use the following method of tr						
Drive myself \Box Taxi \Box Bus \Box	Family/Frie	nd □				
18. My current household income per mont	h is \$					
To the permitted and the permitted permitted	Ψ	-·				
19. There are currently(num	nber) of people in my	household.				
Child Name:	Date of Birth:					
Child Name:	Date of Birth:					
	ild Name: Date of Birth:					
Child Name:	ld Name: Date of Birth:					
Child Name:	d Name: Date of Birth:					
Do you have special health care needs or d Yes No	·					
Do any of the children in your household h Yes □ No □	nave special health ca	re needs or disability?				
RESOURCES						
20. I have the following way to pay for my	nrenatal medical care	۵٠				
Private Insurance Kanca	-					
21. I am currently employed.						
Yes Where:						
No Why:						
, <u> </u>						
22. Do you anticipate that your pregnancy vers □ No □	will cause you to char	nge jobs or lose your job?				
23. I am enrolled in the WIC Program Yes □ No □						
24. Last grade attended:						
25. Attending school now?						
Yes Where:						
No Why:						
26. I plan to: □ Complete high school □ Get a GED □	☐ Attend vocational s	school Attend college				

CHILD CARE 27. I need assistance obtaining child care for my other children. Yes □ No □ 28. I will need assistance obtaining child care for my newborn. Yes □ No □ **OTHER** 29. Do you have plans for the future? How will these plans be affected by the pregnancy? 30. I have been a victim of abuse (physical, rape, incest, verbal). Explain: _____ Yes □ No □ 31. Do you smoke? Yes □ No □ 32. Have you smoked in the last 6 months? Yes □ No □ 33. Do you use any other nicotine products? Yes □ No □ 34. Does anyone in your household smoke? Yes □ No □ 35. Do you drink beer or alcohol or use drugs? Yes □ No □ 36. Have you ever participated in any counseling regarding your use of beer, alcohol or drugs? Yes □ No □ ADDITIONAL INFORMATION Feel free to add other comments: