



Intent to Participate in the Health Start Program

My Name is _____

Client initials in boxes for desired type of participation

☐ I may qualify for the Health Start Program and would like the Community Health Worker to meet with me and give me more information. I understand that the information recorded about me on the Health Start Registration form will be kept confidential by the Community Health Worker but will be shared with Arizona Department of Health Services for the purpose of understanding more about the health care needs of my community.

☐ I am pregnant and would like Community Health Worker visits. My Community Health Worker will meet with me at least once a month, while I am pregnant, and then she will visit regularly until my child is 2 years old. She will keep a record of our visits. I have the right to look at my record and correct any information I think is inaccurate. The forms will be shared with the Arizona Department of Health Services for statistical purposes. If I am involved in court proceedings in the future, a review of this record may be required. During these visits, my Community Health Worker will:

- Help me get into prenatal care and help me to understand my caregiver's instructions.
- Show me how to sign up for AHCCCS, WIC and other assistance services, if I need them.
- Give me emotional support while I am pregnant and after I have the baby.
- Teach me about pregnancy and having a healthy baby, and ways to keep my family, my baby and myself healthy.
- Teach me how my children should grow and develop and refer me to early childhood education and other programs my children may need.

☐ I have had a baby within the past two years and would like Community Health Worker visits. My Community Health Worker will meet with me regularly until my child is 2 years old. She will keep a record of our visits. I have the right to look at my record and correct any information I think is inaccurate. The forms will be shared with the Arizona Department of Health Services for statistical purposes. If I am involved in court proceedings in the future, a review of this record may be required.

During these visits, my Community Health Worker will:

- Help me understand any information from my baby's health care provider.
- Show me how to sign up for AHCCCS, WIC and other assistance services, if I need them.
- Give me emotional support.
- Teach me about having a healthy baby, and ways to keep my family, my baby and myself healthy.
- Teach me how my children should grow and develop and refer me to early childhood education and other programs my children may need.

☐ I have decided not to participate in the Health Start Program.

I read the information and my Community Health Worker answered my questions. I have initialed the type of services I would like to have in the Health Start.

I know that my Community Health Worker has been trained to help me. She is not a licensed medical person, but can call my care giver or other people who may be able to answer my questions.

I know that I do not have to pay any money for this service and that I can stop being in the program at any time. The information I give the Community Health Worker will not be shared with neighbors in my community without my permission, but may be shared with mine or my child's health care providers.

I will try to keep all my appointments with my health care provider and Community Health Worker. I will also try to make and keep appointments for my children to get their shots (Immunizations) and keep them healthy.

Signature

Date

_____ is a minor and living with me in my home. I give permission for her to enroll in Health Start and for the Community Health Worker to visit her in my home.

Signature of Parent or Legal Guardian

Date

Witness

Date