# CradleME is open to all birthing families in Maine.

Sign up for more information!

## PART 1: FAMILY INFORMATION

***YES!*** I am interested in learning more about Cradle ME program that is offered to all Maine mothers and their babies. Please have a Cradle ME representative call me about the free services that are available for me and my baby. I give permission for the information I have provided below on the CradleME Request Form to be shared with individuals or organizations involved with CradleME to provide me with services related to my pregnancy, birth or having a new baby.

**Signature: X**_____ **Date:**_____

Your Baby's Name: _____ Your Baby's Date of Birth: ____/_____/_____ ☐ Boy ☐ Girl

For multiple births, please write babies' names here: _____

Infant's Doctor: _____ Doctor's Phone: (_____)_____

**Who should be contacted about the CradleME program?**

Your Name: _____ Your Date of Birth: ____/_____/_____

Relationship to Child: ☐ Mom ☐ Dad ☐ Kinship Placement ☐ Non-kinship Guardian or Foster Parent ☐ Adoptive parent ☐ Other: _____

Best Phone to Contact You: (_____)_____ Alternate Phone Number: (_____)_____

Mailing Address: _____ Town: _____ Zip Code: _____

Home Address: _____ Town: _____ Zip Code: _____

Primary Health Care or Prenatal Provider Name: _____ Primary Health Care or Prenatal Provider Phone: (_____)_____

## PART 2: FOR HEALTH CARE PROVIDER USE ONLY

Referent Name: _____ Referent Phone: (_____)_____

| PRENATAL WOMAN | POSTPARTUM WOMAN | NEWBORN OR INFANT |
|---|---|---|
| **Name:** **DOB:** | **Name:** **DOB:** | **Name:** **DOB:** |
| Reason for referral--Please check all that apply below: | Reason for referral--Please check all that apply below: | Reason for referral--Please check all that apply below: |
| ☐ **WELL-PREGNANCY AND PARENTING SUPPORT AND EDUCATION** | ☐ **PARENTING AND INFANT CARE SUPPORT AND EDUCATION** | ☐ **INFANT FEEDING SUPPORT AND EDUCATION**: ❍Breastfeeding ❍Breast & Bottle ❍Bottle |
| ☐ **CONCERNS FOR FOLLOW-UP BY NURSE AND/OR FAMILY VISITOR**- Share concern below (Substance use, medical, or psycho-social concerns please explain below) | ☐ **CONCERNS FOR FOLLOW-UP BY NURSE AND/OR FAMILY VISITOR**- Share concern below (Substance use, medical, or psycho-social concerns please explain below) | ☐ **CONCERNS FOR FOLLOW-UP BY NURSE AND/OR FAMILY VISITOR**- Share concern below |

**Concerns & Comments**

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Health provider: Please complete this Cradle ME request and FAX to: (207) 287-4577