



Programa de Saúde da Mulher e do Bebê Africano/Americano

# Recruitment Form

### BIH Eligibility Criteria

- 1) Self-identified African-American woman
- 2) At least 18 years of age at enrollment
- 3) No later than 30 weeks pregnant at enrollment

San Joaquin County Public Health Services  
 Black Infant Health Program  
 420 S. Wilson Way Stockton CA 95205  
 Phone (209) 468-3004 or (800) 698-2304  
 Fax (209) 468-2072

Date: \_\_\_\_\_

\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Participant's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*First-time mom?

Yes

No

|  |
|--|
| Name of Referral Organization: _____<br>Contact Person: _____<br>Phone Number: _____ |
|--|

Comments:

---



---



---



---



---

**Thank You!**