

**1. Fill out the Q&A Form and mail/fax back to Sav-Baby.**

**2. If you are less than 18 yrs old, you must request the Parental Consent Form and fill it out and have it signed by a parent or a guardian.**



530-B Future, San Antonio, TX 78213, (210) 342-8576/Fax#: (210) 348-8913

[www.savbaby.org](http://www.savbaby.org)

**We only serve pregnant women and women with newborn babies up to the age of Two years.**

Name: \_\_\_\_\_ Address \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Are you married? [  ]Yes [  ] No

If married, is your husband working? [  ]Yes [  ]No

2. How many children do you have? \_\_\_\_\_

3. Do you have a job: [  ]Yes [  ] No High School Diploma [  ]Yes [  ] No GED [  ]Yes [  ] No

4. What grade are you in? \_\_\_\_\_ If not, what is the last grade you attended? \_\_\_\_\_

5. Who referred you to Sav-baby, Inc. ? \_\_\_\_\_

6. Are you enrolled in MEDICAID? [  ] Yes [  ] No

7. Do you have Food Stamps/TANF? [  ] Yes [  ] No

8. Are you enrolled in WIC program? [  ] Yes [  ] No

9. Are you pregnant now? [  ] Yes [  ] No

If NO, what is the age of your youngest child \_\_\_\_\_

10. Do you want to participate in our Self-Discovery Program? [  ] Yes [  ] No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address (Write it in CAPITAL LETTERS)