



# Becoming A Family

## 2023 Schedule

Postpartum Breastfeeding Essentials all things breastfeeding and pumping			Infant Cues baby's first communication for care			
	TH	Feb 9	5:00-6:00 PM		TH Feb 9	6:00-7:00 PM
	TH	May 18	5:00-6:00 PM		TH May 18	6:00-7:00 PM
	TH	Aug 10	5:00-6:00 PM		TH Aug 10	6:00-7:00 PM
	TH	Oct 24	5:00-6:00 PM		TH Oct 24	6:00-7:00 PM
Fourth Trimester what to expect after baby arrives			Starting Solids guidelines for feeding your baby complementary foods for ages 6-12-month-olds			
	TH	Feb 2	5:00-7:00 PM		TH Feb 16	5:00-6:00 PM
	TUE	May 2	5:00-7:00 PM		TUE May 9	5:00-6:00 PM
	TH	Aug 3	5:00-7:00 PM		TH Aug 17	5:00-6:00 PM
	TUE	Oct 3	5:00-7:00 PM		TUE Oct 10	5:00-6:00 PM

\*Must complete all four classes within 12 months of start date to receive Little Apple Bucks. as available.

Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race (circle as many as apply to you): Asian, Black/African American, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, White, Unknown/Not Reported

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown/Not Reported

Sex: Female Male

Address \_\_\_\_\_

County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone Provider \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

You may contact me at the above address/phone/email/text.



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## INFORMATION USE NOTICE Data Application and Integration Solution for the Early Years Kansas Department of Health and Environment

As part of the Kansas Department of Health and Environment Family Health Comprehensive System, we will enter your data in an electronic system, Data Application and Integration Solution for the Early Years (DAISEY). The system is designed to keep your information secure. We will only use your information to track, evaluate, and improve services you receive from us.

Information that will be entered in the system includes:

- Individually Identifiable Health information (Ex: name, gender, date of birth).
- Information about services you receive (Ex: health screening, education, home visits).
- Information about assessments you receive as part of a service (Ex: answers to questions about housing needs, tobacco use, prenatal care).

This notice is effective on the date below. Your signature acknowledges receipt of this notice but is not required. This notice will remain in effect until the organization destroys your information. You may ask to see your information at any time.

Print Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Client Refused to Sign \_\_\_\_\_

Date \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION AND CONSENT FOR REFERRAL RILEY COUNTY

Partners in our community's referral network are using the Integrated Referral and Intake System (IRIS) to coordinate referrals for services. IRIS is a web-based communication application.

If you agree to let us share your and your family/household members' information with other service providers in the community the information will be stored in a secure electronic system that only other service providers in our community's referral network can access.

If you agree, information that will be shared in IRIS may include:

- Limited identifying information including name, gender, and date of birth.
- Information relevant to the referral, such as contact information and services requested.
- Information about referrals to community service providers.
- Information about assessments you receive (Ex: answers to questions about housing needs, tobacco use, prenatal care).
- Information about referral outcome to the provider who made the referral, including whether you accepted or declined services.

By signing below I agree that my family/household members' information can be shared in IRIS with other service providers in my community's referral network who will also secure my information.

Print Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_