



BABY & ME – Tobacco Free Program
Hendricks County Health Department
 355 S. Washington St. #211 • Danville, IN 46122
 Phone: (317) 745-9222 Fax: (317) 745-9383



BABY & ME – Tobacco Free Referral Partner Enrollment Form

The BABY & ME – Tobacco Free Program is a smoking cessation program uniquely created to help pregnant women quit smoking during pregnancy and stay quit after birth. Pregnant women enrolled in the program attend four prenatal cessation sessions with a trained facilitator, receive quit support education, and participate in carbon monoxide (CO) testing during each session. After birth, Participants continue CO testing for 12 months and receive a \$25 voucher for diapers every month they continue to be smoke-free.

The Hendricks County Health Department is your local site offering the BABY & ME – Tobacco Free Program. By completing this Referral Partner Enrollment Form, you agree to become a Referral Partner and refer your patients and/or clients who wish to quit smoking during their pregnancy to the BABY & ME – Tobacco Free Program. There is no cost for referring patients and/or clients to the program, and you may end your participation as a Referral Partner at any time.

By enrolling as a Referral Partner, you will a Referral Partner Enrollment Packet that includes: 5 Participant Referral Forms; 10 BABY & ME – Tobacco Free Program brochures; 5 BABY & ME – Tobacco Free Program posters; a copy of the Patient/Client Referral Script; and Indiana Tobacco Quitline Enrollment Form and sample materials. You will also receive electronic copies of these items to print at your own convenience.

If you have any questions about the program, please contact Rachel Buckman, Health Educator at the Hendricks County Health Department, at rbuckman@co.hendricks.in.us or (317) 745-9372.

Please enroll me as a Referral Partner for the BABY & ME – Tobacco Free Program offered through the Hendricks County Health Department.		
NAME:		
TITLE:		
PROVIDER/AGENCY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE: () -	FAX: () -	
EMAIL:		
SIGNATURE:	DATE:	/ /

Please send completed Referral Partner Enrollment Forms:

MAIL: Rachel Buckman, Health Educator
 Hendricks County Health Department
 355 S. Washington St. #210, Danville, IN 46122

EMAIL: rbuckman@co.hendricks.in.us
 FAX: (317) 745-9218