

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

### **MATERNITY INFORMATION AND ELIGIBILITY**

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

1. Social Security #: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

3. Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Phone #: \_\_\_\_\_ Contact #: \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Race \_\_\_\_\_

Marital Status: \_\_\_\_\_

Student? \_\_\_\_ Yes \_\_\_\_ No Are you in school? \_\_\_\_ Yes \_\_\_\_ No

If yes – what is the name of the school? \_\_\_\_\_

6. Are you covered by health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Company \_\_\_\_\_

7. When was your last normal menstrual period? \_\_\_\_\_

8. Do you smoke? \_\_\_\_\_

9. Name of Employer: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\*\*\*\*\***DO NOT WRITE BELOW THIS LINE**\*\*\*\*\*

Eligibility: Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_

Gross Income \_\_\_\_\_ Number Employed \_\_\_\_\_

Unearned Income \_\_\_\_\_ Type \_\_\_\_\_

Under 28 weeks? \_\_\_\_\_ PEPW Starting Date \_\_\_\_\_

Medical Needy \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

EDC \_\_\_\_\_

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