



**Public Health**  
Prevent. Promote. Protect.  
Jones County, Iowa

## Jones County Points Program Registration Form

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

Address (Street, City, Zip): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you expecting?  Yes  No

*If yes,*

Due Date: \_\_\_\_\_ First Child?  Yes  No

Are you currently breastfeeding or planning to breastfeed?  Yes  No

### Demographic Information

Your Date of Birth: \_\_\_\_\_

Marital Status:

Single  Divorced  Widowed  
 Married  Separated  Partnered

Partner's Name (if applicable): \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

### Educational Attainment

Are you currently enrolled in school?  Yes  No

What is the highest grade you completed?

Elementary or middle school  Some college  
 Some high school  2-year college degree (Associate)  
 High school diploma/GED  4-year college degree (Bachelor)  
 Trade/Vocational Training  Other:

**Employment/Financial Situation**

Which of the following applies to you?

- Employed full-time
- Employed part-time
- Unemployed
- Student
- Homemaker
- Disabled
- Retired
- Other:

Where are you employed (if applicable)? \_\_\_\_\_

Annual household income:

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- More than \$50,000

Household size:

Number of adults (age 18 years +): \_\_\_\_\_

Child(ren) Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you have access to transportation?

- Own car
- Public transportation
- Friends/family
- No access to transportation

Who referred you to this program?

- WIC
- Lutheran Services in Iowa (LSI)
- Healthcare Provider

Friend: \_\_\_\_\_

Other: \_\_\_\_\_

*I hereby certify this application is complete to the best of my knowledge and all information given is true and contains no misrepresentations.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_