



# Healthy Moms Healthy Babies



Santa Clara Family Health Plan Health Education Program

## Expecting? **Congrats!**

*Reward yourself for seeing your doctor each trimester!*



<b>1<sup>st</sup></b> trimester	A \$30 Target gift card*
<b>2<sup>nd</sup></b> trimester	A car seat**
<b>3<sup>rd</sup></b> trimester	A sleep pod (co-sleeper)

**To Enroll:** Ask your Doctor to complete the Medi-Cal Prenatal Program form and fax it to SCFHP Health Education at **408-874-1959**.

**Who's Eligible:** Santa Clara Family Health Plan Medi-Cal members who are currently pregnant. Members enrolled with Kaiser are not eligible for this program.

Visit [www.scfhp.com/healthy-moms-babies](http://www.scfhp.com/healthy-moms-babies) for more information and resources.

\*Gift card not to be used for purchase of tobacco, alcohol, or firearms.

\*\*Must complete a car seat safety class with SCFHP Health Education.

## MEDI-CAL PRENATAL PROGRAM

Ask your doctor to complete this form and fax it to SCFHP Health Education at **408-874-1959**. Visit [www.scfhp.com/healthy-moms-babies](http://www.scfhp.com/healthy-moms-babies) for more information and resources.

MEMBER INFORMATION:		
Your Name:		
Birth Date:	SCFHP ID #:	
Street Address:		
City:	State:	Zip Code:
Phone:		
Email:		

DOCTOR INFORMATION:		
Date of Initial Prenatal Checkup:	Due Date:	
Doctor's Name:		
Clinic Name:		
Clinic Contact:		
Phone #:	Fax #:	
Visit	Date of Visit	Doctor's Signature
<input type="checkbox"/> Trimester 1		
<input type="checkbox"/> Trimester 2		
<input type="checkbox"/> Trimester 3		