

INFANT CONSENT TO PARTICIPATE IN RISK IDENTIFIER INTERVIEW

INFANT CONSENT TO PARTICIPATE IN MIHP

Michigan Department of Health and Human Services
Maternal Infant Health Program

The Maternal Infant Health Program (MIHP) is a home visiting service for all pregnant women and infants with Medicaid. The goal of MIHP is healthy pregnancies, good birth outcomes, and healthy infants. MIHP is a Michigan Department of Health and Human Services (MDHHS) program.

MIHP home visitors are experienced health professionals who can:

- Help you get transportation to infancy related medical appointments and WIC, if needed.
- Help you get health care for your infant (s).
- Answer questions about caring for your infant.
- Help you get food or a place to live.
- Help you learn about fixing and eating healthy foods.
- Help you with health problems like depression and anxiety.
- Help with changes that you decide to make to be healthy. These changes could include quitting or cutting down on smoking, alcohol or drugs.
- Help if you're concerned about family violence.
- Answer questions about family planning (birth control).
- Connect you with community services. These services include parenting classes and baby pantries that provide free baby items.
- Be there for you if problems come up.

1. Consent to Participate in MIHP Risk Identifier Interview

MDHHS wants to ask you some questions about your infant and about your daily living habits to identify possible health risks to you and your infant.

There are two reasons why MDHHS collects health risk information on pregnant women and infants:

1. To help the state improve its health services.
2. To help the MIHP program (My Pregnancy Coach, Inc.) know which MIHP services to offer you.

You can choose to take part in the Risk Identifier interview for both reasons. Or, you can take part for the first reason only. This means that you can consent to help the state collect information without enrolling in MIHP.

You can choose not to answer some of the interview questions. You can stop the interview at any time. This will not affect your Medicaid eligibility or your infant's Medicaid eligibility. Your information will be put into a confidential, secure MDHHS database.

- I DO consent to participate in the MIHP Risk Identifier interview.**
- I DO NOT consent to participate in the MIHP Risk Identifier interview. I understand that this means I will not participate in the MIHP.**

2. Consent to Participate in MIHP

I understand that I can participate in MIHP because my infant has Medicaid.

I understand the services that MIHP could provide for me and my infant.

- I DO consent to participate in the MIHP.**
- I DO NOT consent to participate in the MIHP.**

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|---------------------------------|-----------------------------------|---|
| Infant Beneficiary Name (Print) | Legal Representative Name (Print) | Legal Representative Relationship to Infant Beneficiary |
|---------------------------------|-----------------------------------|---|

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|-----------------------------------|------|
| Signature of Legal Representative | Date |
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|----------------------------|------|
| Signature of MIHP SW or RN | Date |
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The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.