

MATERNAL CONSENT TO PARTICIPATE IN RISK IDENTIFIER INTERVIEW

MATERNAL 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 pregnancy related medical appointments and WIC, if needed.
- Help you get prenatal care.
- Answer questions about being pregnant.
- 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 with health problems that could affect your pregnancy. These problems include diabetes, asthma, high blood pressure, depression or 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 childbirth education classes and baby pantries that give out baby items for free.
- 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 daily living habits. This is 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. 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 I'm pregnant and have Medicaid.

I understand the services that MIHP could provide for me.

I DO consent to participate in the MIHP.

I DO NOT consent to participate in the MIHP.

Beneficiary Name (Print)	Legal Representative Name if applicable (Print)	Legal Representative Relationship to Beneficiary
--------------------------	---	--

Signature of Beneficiary or Legal Representative	Date
--	------

Signature of MIHP SW or RN	Date
----------------------------	------

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.