

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) 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.

| | | |
|-----------------------------------|-----------------------------------|---|
| Infant Beneficiary Name (Print) | Legal Representative Name (Print) | Legal Representative Relationship to Infant Beneficiary |
| Signature of Legal Representative | | Date |
| Signature of MIHP SW or RN | | Date |

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

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INFANT CONSENT TO PARTICIPATE IN MIHP INSTRUCTIONS

These instructions are intended to clarify data fields. If you have additional questions, please contact the MDHHS MIHP Team.

In the case of multiple infants, complete a separate consent form for each infant.

Explain MIHP to the beneficiary's legal representative as described at the top of this form. Make sure the beneficiary understands the services available through the MIHP.

Consent to Participate in MIHP Risk Identifier Interview

- Explain this section to the legal representative so they understand their rights and why they are being asked to participate in the Risk Identifier interview.
- Make sure the MIHP agency name is inserted in the second reason "why MDHHS collects health risk information on pregnant women and children." Do not cross out the name of another agency and write in another agency name. This field may be prepopulated.
- Ask the legal representative to check one of the boxes: I DO or I DO NOT consent to participate in the MIHP Risk Identifier interview. Do not prepopulate this field, unless presenting the legal representative with two separate forms, one checked "I DO" and one checked "I DON'T." Check the box for the legal representative while discussing and completing this document.

If the legal representative does not consent to the Risk Identifier interview, offer the MIHP Parent Information Sheet and MIHP Maternal and Infant Education Packet and/or sign up instructions for text4baby.

Consent to Participate in MIHP

- Explain this section to the legal representative and make sure they understand that they have the option to participate in MIHP.
- Ask the legal representative to check one of the boxes: I DO or I DO NOT consent to participate in the MIHP. Do not prepopulate this field, unless presenting the legal representative with two separate forms, one checked "I DO" and one checked "I DON'T." Check the box for the legal representative while the two of you are discussing and completing this document.
- If the legal representative does not consent to participate in the MIHP, offer them the MIHP Parent Information Sheet and MIHP Maternal and Infant Education Packet and/or sign up instructions for text4baby.

Signatures Section

- Infant Beneficiary Name: Print the name of the infant beneficiary.
- Legal Representative Name: Print the name of the legal representative. An infant beneficiary will always have a legal representative, so this field must always be completed. Most often, the legal representative will be the biological mother, but alternatively it may be the biological father, other relative, guardian, or foster parent. If the mother is under 12 years of age, or is incapacitated and has a guardian, she is considered to be the infant's legal representative, unless court action has been taken.
- Legal Representative Relationship to Infant Beneficiary: Write "mother," "father," other relative" (specify), "guardian," or "foster parent."

- Signature of Legal Representative and Date: Ask the legal representative (as defined above) to sign and document date of signature. The signature date cannot be after the date that the Risk Identifier is administered. If the legal representative uses printed name or a mark on the signature line, please initial.
- Signature of MIHP RN or SW: The RN or SW signs here, with credentials, and documents the date of signature. The signature date cannot be after the date that the Risk Identifier is administered.