

LEERS MOTHER'S WORKSHEET

STATE FILE NUMBER:

C H I L D	1. CHILD'S LAST NAME		2. CHILD'S FIRST NAME		3. CHILD'S MIDDLE NAME		4. CHILD'S SUFFIX					
	M O T H E R							5. MOTHER'S CURRENT LEGAL NAME			6. MOTHER'S DATE OF BIRTH	
								LAST	FIRST	SECOND	SUFFIX	(MM / DD / YY)
	7. MOTHER'S NAME PRIOR TO FIRST MARRIAGE				8. MOTHER'S PLACE OF BIRTH							
	LAST	FIRST	SECOND	SUFFIX	COUNTRY	STATE/ TERRITORY/ PROVINCE	CITY					
	9. MOTHER'S RESIDENCE		COUNTRY		STREET ADDRESS			APT. NO.				
			STATE									
	PARISH/COUNTY		CITY, TOWN, OR LOCATION		ZIP CODE		10. WITHIN CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
	11. MOTHER'S MAILING ADDRESS: <input type="checkbox"/> Same as residence, OR, Country: State: Parish / County:											
	Street & Number: Apartment No.: City, Town, or Location Zip Code:											
12. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? * <input type="checkbox"/> Yes <input type="checkbox"/> No				13. IMMUNIZATION REMINDER REQUESTED FOR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Signature of infant's mother or father _____ Date _____				Signature of infant's mother or father _____ Date _____								
14. WAS MOTHER EVER MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No				16. MOTHER'S SOCIAL SECURITY NUMBER:								
15. WAS MOTHER MARRIED (At birth, conception, or any time between)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No												
17. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)			18. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)			19. MOTHER'S RACE (Check one or more races to indicate what race the mother considers herself to be)						
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____						
F A T H E R												
20. FATHER'S CURRENT LEGAL NAME (Last, First, Middle, Suffix)												
LAST			FIRST			MIDDLE		SUFFIX				
21. FATHER'S SOCIAL SECURITY NUMBER												
22. FATHER'S DATE OF BIRTH (MM/DD/YY)			23. FATHER'S PLACE OF BIRTH		COUNTRY		STATE/ TERRITORY/ PROVINCE	CITY				
24. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)			25. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)			26. FATHER'S RACE (Check one or more races to indicate what race the father considers himself to be)						
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____						
M O T H E R ' S M E D I C A L												
27. MOTHER'S HEIGHT _____ (feet/inches)			28. MOTHER'S PREPREGNANCY WEIGHT _____ (pounds)			29. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
30. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0". Average number of cigarettes or packs of cigarettes smoked per day.						31. ALCOHOL USE DURING PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
		# of cigarettes	OR	# of packs								
Three Months Before Pregnancy		_____	OR	_____								
First Three Months of Pregnancy		_____	OR	_____								
Second Three Months of Pregnancy		_____	OR	_____								
Third Trimester of Pregnancy		_____	OR	_____								
I N F O R M A N T (If other than Mother)												
32. Name of person providing information for this worksheet?				33. Relationship to the baby?				DATE MOTHER'S WORKSHEET WAS COMPLETED				
LAST		FIRST		MIDDLE		SUFFIX (Jr., III etc)	<input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify) _____	____ / ____ / ____ MM DD YYYY				

Mother's Name
Mother's Medical Record No.

*IF YOU CHECK "YES", DISCLOSURE OF PARENTAL SOCIAL SECURITY NUMBERS IS REQUIRED BY 42 USC 405(C)(2) AS AMENDED BY SECTION 1090(B) OF PUBLIC LAW 105-34. THE INFORMATION WILL BE USED BY THE INTERNAL REVENUE SERVICE SOLELY FOR THE PURPOSE OF DETERMINING EARNED INCOME TAX CREDIT COMPLIANCE.

I, the undersigned, certify that the above stated information is true and correct to the best of my knowledge

Signature: _____ Name of Signatory: _____ Relationship to Child: Parent Other _____

Date: _____ (mm/dd/yy)