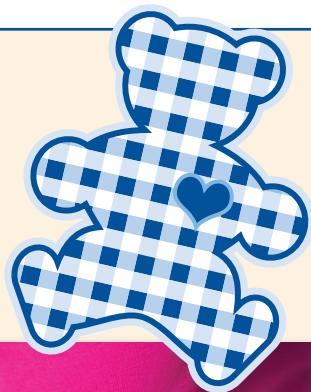


Send Application To:

First District Health Unit
BABY & ME – Tobacco Free Program
801 11th Ave. SW
Minot, N.D. 58701
Fax: 701.852.5043
Phone: 701.852.1376

*Quit tobacco today -
for your health and the
health of your baby.*



**For more information,
contact any of the
First District Health Unit Offices:**

Bottineau @ 701.228.3101
Bowbells @ 701.377.2316
Garrison @ 701.463.2641
Kenmare @ 701.385.4328
McClusky @ 701.363.2506
Minot @ 701.852.1376
Mohall @ 701.756.6383
Towner @ 701.537.5732
Washburn @ 701.462.3330



NORTH DAKOTA
DEPARTMENT of HEALTH

JOIN NOW!

BABY & ME - Tobacco Free Program

**Get FREE
diapers for
quitting
tobacco!**



**Helping
Pregnant Women
Quit Tobacco**

What is the Baby & Me – Tobacco Free Program?

- ♥ **BABY & ME – Tobacco Free** is a program that helps pregnant women quit using tobacco – and stay quit.
- ♥ Women are given vouchers for free diapers for up to one year after their baby is born – as long as they remain tobacco-free.



Program Requirements

To qualify for the **BABY & ME – Tobacco Free Program** you must:

- ♥ Fill out the application and return it to your local **BABY & ME – Tobacco Free Program** location, or contact your local program via phone.
- ♥ Attend at least four program tobacco cessation sessions before you deliver your baby.
- ♥ Quit tobacco while you are pregnant and stay quit after your baby is born.
- ♥ Agree to take a monthly breath test/saliva test to prove you are tobacco-free.
- ♥ After your baby is born, stay tobacco-free.

You will then receive a monthly voucher for **FREE DIAPERS**, for up to one year after the birth of your baby.



Application

Name _____

Address _____

City _____

State _____ Zip _____

County _____

Home Phone _____

Cell Phone _____

E-mail _____

Your Baby's Due Date _____

Amount of cigarettes smoked daily _____

I, _____
am voluntarily participating in the **BABY & ME – Tobacco Free Program**. I understand that to receive the vouchers for free diapers I must submit this application, participate in the tobacco cessation program, quit smoking or using tobacco, stay quit and agree to a monthly breath/saliva test. I understand that I may be contacted by the program coordinator and may be asked questions regarding the program. I verify that my contact information on my application is correct.

Signature _____

Date _____