Prenatal Program Form

Congratulations on your pregnancy! As a Community Health Plan of Washington member, you are eligible to receive a certificate for purchase of a car seat. To be eligible, you must currently be pregnant and see your doctor twice during your pregnancy.

Please complete the following. Your provider's office will send this form to Community Health Plan of Washington. If you are eligible, you will receive a certificate in the mail within 3 weeks. If you still have not received your certificate after 3 weeks, or have any questions about this program, please call our Customer Service at 1(800) 440-1561 (TTY Relay: Dial 7-1-1), Monday – Friday, 8 a.m. to 5 p.m.

Member Name: ______________________________

Mailing Address: ______________________________

City/State/Zip: ____________________ Phone Number: ____________________

Member ID Number: ____________________ Date of birth: ____________________

I request and authorize the disclosure of pregnancy-related protected health information to be released to Community Health Plan of Washington to confirm my eligibility for the Children First Prenatal Program.

Member Signature: ______________________________ Date: ____/____/____

This section to be completed by clinic staff only

Provider Name: ______________________________
(print)

Clinic staff Signature: ______________________________

Expected Delivery Date:	Date of First Visit:	Date of Second Visit:
____/____/____	____/____/____	____/____/____

Expecting Multiple Births (twins, etc.)? ☐ Yes ☐ No If yes, please specify: ____________

Please send the completed form to:
Community Health Plan of Washington
ATTN: Children First Program
By Fax: (206) 652-7071
By Email: childrenfirst@chpw.org