



Introduction to the Comprehensive Perinatal Services Program (CPSP)

Date: _____

Member Information

Certificate Number	
Member Name	

Please check correct box:

I want to receive CPSP services I do not want to receive CPSP services

CPSP

Please indicate below where services will be provided:

In office

Other provider (specify) _____

I have been informed about CPSP services which are available to me including Caring for My Unborn Baby, Social Services, Healthy Eating, and Healthy Education. I have been given a pamphlet that explains the program.

Member's Signature: _____

This form MUST be signed and filed in the member's chart.