

To sign up, please call, mail or deliver your inquiry to:

BABY & ME – Tobacco Free Program
SBL Wellness Services, Tobacco Cessation Services
Center for Healthy Living
1004 Health Center Drive, Suite 112
Mattoon, IL 61938
Tel. **217-258-2140**



BABY & ME – Tobacco Free is made possible by grants from the Rural Health Initiative of the SIU School of Medicine and Women-Connected, a women's philanthropic giving circle within the Sarah Bush Lincoln Health Foundation.



**Quit Smoking
and get
Free Diapers
for up to a year**

Here's How You Get Your FREE Diapers

PROGRAM REQUIREMENTS

Participate in 4 smoking cessation programs.

Quit smoking and stay quit during your pregnancy.

Agree to take a simple breath test to verify your non-smoking status. This breath test will be repeated on a monthly basis after delivery to qualify for the vouchers.

After the birth of the baby, continue to be smoke-free and receive a monthly voucher for FREE DIAPERS, that can be used at participating local stores.

BABY & ME – Tobacco Free
is recognized as a Model Practice program
by the National Association of County &
City Health Officials (NACCHO.)

For more information, see
www.babyandmetobaccofree.org

Quit smoking with the BABY & ME – Tobacco Free™ Program



Healthy Moms Have Healthy Babies.

**Pregnancy is a perfect time to
quit smoking.**

When you avoid tobacco, you...

- Decrease your risk of a miscarriage.
- Help baby's lungs grow strong.
- Improve baby's overall health.
- Help ensure your baby is born on time and at a healthy weight.
- Live longer, healthier, and happier with your baby.

*There are 7,000 chemicals in a cigarette with
62 cancer-causing agents. Your unborn baby
receives those poisons every time you smoke.*

Please Contact Me

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

County: _____

Daytime Telephone: _____

Baby's due date: _____

No. of cigarettes smoked daily: _____

I want to quit smoking and would like to learn more about the BABY & ME – Tobacco Free program. I give my permission for the project director of my local program to contact me to determine my eligibility to participate in the program.

Signature: _____

Date: _____

To sign up, please call, mail or deliver this form to the local program office nearest you (see other side for locations.)