



A Program of Washington County Health Partners

New Baby Smoke-free Home and Vehicle Pledge Kit Registration Card

Instructions: Form must be completely filled out to qualify for the kit, and you must indicate that you are willing to make a pledge to not smoke or have others do so in your home and vehicles. Circle or fill in the appropriate response (e.g., ①, ②). You must be 18 years of age or older, be able to make the decision for your home and vehicle(s), and be a resident of Washington County.

Name: _____ Address: _____

City/State/Zip Code: _____

Telephone: _____ E-Mail: _____

- 1) Do you **currently** allow tobacco smoking inside your home?
 - ① YES
 - ② NO
- 2) Do you **currently** allow tobacco smoking inside your vehicle(s)?
 - ① YES
 - ② NO
 - ③ I do not have a vehicle.
- 3) Do you **currently** use tobacco products?
 - ① YES
 - ② NO (Go to Question 5)
- 4) If you **currently** use tobacco products, do you use:
 - ① Cigarettes
 - ② Chew/Snuff
 - ③ Other (pipe, cigar, bidi, etc.)
- 5) Does someone in your home currently use tobacco products?
 - ① YES
 - ② NO
- 6) If someone in your home currently uses tobacco products, do they use:
 - ① Cigarettes
 - ② Chew/Snuff
 - ③ Other (pipe, cigar, bidi, etc.)
- 7) Please indicate where you received this pledge:

By signing below, I pledge to maintain a tobacco smoke-free home & vehicle(s).
I attest that I am at least 18 years of age, able to make the decision for my home and vehicle(s), and a resident of Washington County. In addition, I understand that my information will not be sold or used for any purpose other than to contact me on tobacco-related issues.

Signature _____ Date _____



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