



A Program of Washington County Health Partners

## 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 children under the age of 18 **live in your home**?  
① YES (Go to Question 5)  
② NO
- 4) Do children under the age of 18 **visit your home and/or ride in your vehicle(s)**?  
① YES                      ② NO
- 5) Do you **currently** use tobacco products?  
① YES  
② NO (Go to Question 7)
- 6) If you **currently** use tobacco products, do you use:  
① Cigarettes  
② Chew/Snuff  
③ Other (*pipe, cigar, bidi, etc.*)
- 7) Does someone in your home **currently** use tobacco products?  
① YES  
② NO
- 8) If someone in your home **currently** uses tobacco products, do they use:  
① Cigarettes  
② Chew/Snuff  
③ Other (*pipe, cigar, bidi, etc.*)
- 9) 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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