



Smoke-free Home Pledge Sheet

I pledge to protect my family from the health risks of secondhand smoke by keeping my home and car smoke-free.



Smoke-Free Homes Program

Name: _____ Zip Code: _____ Tribal Affiliation: _____

Sex: _____ Age: _____ Number of children below the age of 18 who live in your home: _____

Phone Number: _____ Address _____

Current Smoking Status:

- I Smoke Everyday
- I Smoke Occasionally
- I Don't Ever Smoke

In the past 7 days, on how many days did someone smoke in your home or car?

- No one has smoked in my home or car
- 1-2 days
- 3-4 days
- 5-6 days
- All 7 days

Fax Pledges to:
605-721-1932
Or Mail to:
1770 Rand Road
Rapid City, SD 57702

Signature: _____ Date: _____