



Referral Form

Renton Area Youth and Family Services
Phone: 425-271-5600 | Fax: 425-227-8926
Email: healthystart@rays.org

Date of referral: _____

IMPORTANT - Enrollment Criteria

*One or both parents are age 24 or under; mother is pregnant or youngest child is under the age of 1.
Must be residents of King County.*

Person Referring: _____ Agency: _____

Phone/Fax/Email: _____
phone fax email

Parent

Parent / Primary Caregiver: _____ Date of Birth: _____
First name Last name mo/day/yr

Address: _____ City: _____ Zip: _____

Contact Methods		OK to leave message?	Languages
Home			
Cell			Race / Ethnicity
Email			

Pregnancy / Baby

Pregnant Mother	Postnatal Mother
<p>Is mother pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Due Date: _____</p> <p>Infant's Gender: _____</p>	<p>Infant's Name _____ First name Middle Initial Last name</p> <p>Infant's DOB: _____ Infant's Gender: _____</p> <p>Full Term Birth? Y N Low Birth Weight? Y N</p>

Reason for Referral