



# Healthy Start

Young Parents Program

## REFERRAL FORM

Renton Area Youth and Family Services  
 Phone: 425-271-5600 | Fax: 425-227-8926  
 Email: [healthystart@rays.org](mailto: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
<b>Is mother pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: _____ Infant's Gender: _____	Infant's Name _____ <small>First name Middle Initial Last name</small> Infant's DOB: _____ Infant's Gender: _____ Full Term Birth? Y N Low Birth Weight? Y N

### Reason for Referral