



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?	Primary Language
Home			Speaks English
Cell			Race / Ethnicity
Email			

Pregnancy / Baby

Pregnant Mother	Postnatal Mother
Is mother pregnant? Yes No Due Date: _____ Infant's Gender: _____	Infant's Name _____ <small>First name Last name</small> Infant's DOB: _____ Infant's Gender: _____

Reason for Referral / Notes