**Healthy Families of Washington County Referral Form:**

Name Click or tap here to enter text. Date Click or tap to enter a date.

Address Click or tap here to enter text.

Phone NumberClick or tap here to enter text. Parent Date of Birth Click or tap to enter a date.

Single  Married  Separated  Divorced

First Time Parent: Yes  No

Baby Due Date Click or tap to enter a date. or Baby Date of Birth Click or tap to enter a date.

**Please check the following if applicable:**

Partner Unemployed History of substance abuse Relinquished child for adoption

Inadequate income Late prenatal care Marital or family problems

Unstable housing History of abortions History/current depression

No Phone History of psychiatric care Prior CPS intervention

Education under 12 yrs. Unsuccessful abortion attempted

Inadequate emergency contact

Any other concerns Click or tap here to enter text.

Name of person referring Click or tap here to enter text. For more information please contact:

Phone Number Click or tap here to enter text. Loan Vo

Healthy Families Program Manager

240-313-3281

* **Please fax form to 240-313-3277 and/or email:** [**loan.vo@maryland.gov**](mailto:loan.vo@maryland.gov)