

LOUISVILLE METRO HEALTHY START

REFERRAL FORM



Healthy Start serves pregnant & parenting Women, Fathers, Families, and Support
Persons for children up to 18 months, living in West Louisville ZIP Codes
40203, 40208, 40210, 40211, 40212

Date: _____ Referring Agency: _____

Parent's Name: _____

Address: _____

ZIP Code: _____ Phone # (Cell): _____

Phone # (Alternate): _____ Due date/Baby's birth date: _____

Referred by: Name and Ph #: _____

Other pertinent information: _____

Contact by Text: ☐ Yes ☐ No

OB-GYN/Clinic: _____

Peds Clinic: _____

Comments: _____

Healthy Start works with women and their families in the target neighborhoods
through home visits, group classes and telephonic connections to assist during
pregnancy and until the child reaches 18 months

Send **email** to:
HealthyStart@Louisvilleky.gov

or Send **fax** to:
502.574.5650 (FAX) Attn: Regina Moore