



Healthy Families Of Clatsop and Columbia Counties

INTER-COUNTY REFERRALS

125 N. 17th Street
St. Helens, OR 97051

Columbia County (503) 366-6556 or Clatsop (503) 325-4455 FAX **(503) 366-0908**

MOTHER'S NAME _____ Birth date _____

SPOUSE/PARTNER'S NAME _____

Street Address _____

City, ZIP _____ Phone number _____

County of Residence _____

Baby's Birth Date _____ or Due Date _____

Baby's Name _____ Gender ____ F ____ M

Hospital _____

By signing this form, I give permission for a Healthy Families staff person to contact me, provide me with information about the Healthy Families program in my county, and answer any questions I may have about program services.

Signature of Parent:

_____ Date: _____

Referred by: _____ Date Sent _____
Name/Program/County