



Healthy Families Program of Herkimer County
301 N. Washington Street Suite 2300
Herkimer, NY 13350
(315)867-1176

Referral Form

Name _____ DOB _____

Address _____

City _____ Zip Code _____

Phone: _____ Can you receive text messages? yes no

Your partner _____ Phone _____

Can we text him/her? yes no

Please check all that apply: Are you

- pregnant _____ due date
- parenting (infant/child date of birth _____)

Who can we thank for referring you? _____

By checking this box, I request that Healthy Families Program does NOT contact me or my partner.

Signature

Date

This referral can be easily submitted by:

Fax: (315)867-1612
Email: Mgokey@herkimercounty.org
Mail: 301 N. Washington Street Suite 2300
Herkimer, NY 13350