



# Lexington-Fayette County Health Department

H.A.N.D.S.  
650 Newtown Pike  
Lexington, KY 40508-1197  
(859) 288-2338  
(859) 899-2242 Fax

## **HANDS PROGRAM**

### **Referral Form**

**Referrals accepted prenatally and prior to the baby turning 90 days old.**

*HANDS is a home visitation program for all parents. Your baby deserves a safe, healthy and happy childhood, and we can provide support, community resources, and education to help you in reaching this goal. Please place an "X" beside the statement that best describes your current pregnancy:*

\_\_\_ This is my first pregnancy and/OR, I/We will be **first-time parents**.

\_\_\_ This is NOT my first pregnancy, but my **spouse/partner** will be a **first time** parent.

\_\_\_ This is not my first Pregnancy

X I am interested in knowing more about the HANDS program and consent that someone from HANDS can contact me soon.

\_\_\_\_\_  
**Parents Signature**

**Mother's Name** \_\_\_\_\_

(Please Print)

**Telephone:** \_\_\_\_\_ **Alter #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Babys Name:** \_\_\_\_\_ **DOB/EDC** \_\_\_\_\_

**Parents Preferred Language** \_\_\_\_\_

We look forward to talking to you about our program! If you have any questions, please call **859-288-2338**.

**Name of Referring Agency:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please Fax to Lex-Fayette County Health Dept. 859- 899-2242 or email it to [HANDS@LFCHD.ORG](mailto:HANDS@LFCHD.ORG)



