



**Garrett County Health Department
Healthy Families Garrett County Referral**

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Message Phone: _____

Contact Person: _____ Best time to contact you: _____

E-mail address: _____

Due Date: _____ First Time Parent: Yes No

Type of Health Insurance: _____

I give permission to the GCHD Healthy Families Garrett County program to contact me about available services.

Signature

Date

Maryland Physicians Care



Updated: July 2019



Garrett County, a healthier place to live, work, and play!

garretthealth.org

Toll Free Maryland Department of Health 1-877-463-3464
TDD for Disabled Maryland Relay Service 1-800-735-2258
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