



To: Ruth Chowning
Bullitt County Family & Consumer Science Agent and
Bullitt County Nurturing Parenting Program Coordinator
ruth.chowning@uky.edu

From: _____

Address: _____

Phone # : _____

E-mail : _____

Reply to:

**Cooperative
Extension Service**
Bullitt County
384 Halls Lane
Shepherdsville, KY 40165
(502) 543-2257
Fax: (502) 543-6940
www.ca.uky.edu/Bullitt

- Child Protective Services**
- Judge**
- Social Services** **Other** _____

NURTURING PARENTING PROGRAM REFERRAL

I wish to refer the following person to the Bullitt County's Nurturing Parenting Program:

Name : _____

Address: _____

Phone number : _____

I am requiring verification of :

- Enrollment Attendance Progress Completion

* * I understand all of the above verification will be done by e-mail unless specified * *

Reason for referral and/or additional comments _____

Signature _____
(of referring agent/agency)



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