Nurse-Family Partnership Referral Form

Serving Clark and Cowlitz Counties

NOTE: To qualify for the Nurse-Family Partnership (NFP) Program, a teen/woman must:

- **Be Low-Income**
- **Live in Clark or Cowlitz County**

Visit our website at: https://www.clark.wa.gov/public-health/nurse-family-partnership

Complete referral form and FAX or mail to:

Clark County Public Health, Nurse Family Partnership Program, PO Box 9825, Vancouver WA 98666

FAX: 564.397.8442 or Phone: 564.397.8440

☐ **Client is a primip—**
- 1st pregnancy and/or client has had no previous live births.
- Client *must enroll* in NFP before the end of their 28th week of pregnancy.

☐ **Client is a multip—**
- Client has had one or more previous live births.
- Clients may enroll anytime throughout pregnancy but priority will be given to those in their 1st or 2nd trimester.

DATE OF REFERRAL:_____________________ ***Required fields**

***Last Name:**______________________________ ***First Name:**_____________________ ***DOB:**______________

***Exp. Delivery Date:**______________________ **28 Wks. Gest. On:**________________ **Age:**_______________

Interpreter Needed: N ☐ Y ☐ Lang:______________________ **County: Clark ☐ Cowlitz ☐**

***Address:**_________________________________ **Apt:**______ **City:**__________________ **Zip:**______________

Cell Phone #:_______________________ **Texting: Y ☐ N ☐ Other Phone #**_________________________

Can Leave Msg? Y ☐ N ☐ Email Address:____

Client is aware of referral to Nurse-Family Partnership: Y ☐ N ☐

PROVIDER INFORMATION:

Agency Name:__________________________________ **Medical Provider:**______________________________

Medicaid Plan:____________________ **ProviderOne #:**____________________ **Private Insurance:**___________

Referring Staff Name:____ **Phone #:**_________________________

Feedback Desired: Y ☐ N ☐ FAX #:___________________________

ADDITIONAL INFORMATION/COMMENTS FOR RECEIVING NFP STAFF:

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