



Nurse-Family Partnership Referral Form



Serving Clark and Cowlitz Counties

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

- Be of 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.
• Clients may enroll anytime throughout pregnancy but priority will be given to those in their 1st or 2nd trimester.
- ☐ **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: Y ☐ N ☐ 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:
