

# Catholic Health Nurse-Family Partnership Referral Form



## Eligibility

To qualify for the Nurse-Family Partnership (NFP) program, a woman or girl must:

- Be less than 28 weeks pregnant
- Be a first-time mother
- Be low- income (WIC eligible)

## Instructions

- Complete **Part 1** and **Part 2** of this form.
- Mail or fax completed form to the Nurse-Family Partnership information below.

\*Please send ASAP: An NFP nurse needs to make the first home visit and obtain consent **before the 28<sup>th</sup> week of pregnancy**

## Part 1 Client Information

Name:			Age:	Birthdate:	
Address:			Apt:	Zip:	
Home Phone	Work phone	Cell Phone	Email address		
# of Weeks Pregnant	LMP	Expected delivery date:	Speaks English? <b>Yes</b> <b>No</b>	Preferred Language:	
Additional Contact Person	Relationship to Client	Contact Home #	Work #	Cell#	
Is the client aware NFP will be contacting her? <b>Yes</b> <b>No</b>					
Is client FFS Medicaid? <b>Yes</b> <b>No</b>			Medicaid Number:		
Is the client enrolled with a Managed Care Organization? <b>Yes</b> <b>No</b>			If Yes, which MCO:		

## Part 2 Referring Agency/Practice Information

Referring Staff Name:			Title:		
Agency/Practice Name Facility or Division					
Phone#	Fax#	Email Address		Date	

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**Catholic Health – Home & Community Based Care**  
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