

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 28th 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? Yes No	Preferred Language:	
Additional Contact Person	Relationship to Client	Contact Home #	Work #	Cell#	
Is the client aware NFP will be contacting her? Yes No					
Is client FFS Medicaid? Yes No			Medicaid Number:		
Is the client enrolled with a Managed Care Organization? Yes No			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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Fax to: 716-604-1805