



# NURSE-FAMILY PARTNERSHIP

## Whatcom County Health Department

### Referral Form

The Nurse-Family Partnership (NFP) Program eligibility requirements:

- ✓ First-time mother
- ✓ Less than 28 weeks pregnant
- ✓ Lives in Whatcom County
- ✓ WIC/Medicaid/Apple Health eligible (not required for Lummi women)

#### CLIENT INFORMATION

<b>Name:</b>	<b>Date of Birth:</b>	<b>Expected Due Date:</b>
<b>Address: (including zip code)</b>	<b>Primary Language:</b>	<b>Tribal Affiliation:</b>
<b>Contact Number:</b> Cell: _____ Home: _____ Other: _____	<b>Alternate Contact Person:</b> Name: _____ Phone: _____	
<b>Does client have a prenatal care provider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Clinic: _____	<b>Is client first-time mother?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is client eligible for WIC, Apple Health or Medicaid?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

I give my permission to share the information on this referral form with the Whatcom County Health Department. I also authorize the Whatcom County Health Department to request and/or share health information about myself and my child(ren) with my health care providers.

For the phone numbers listed above: OK to Text Message?  Yes  No OK to Leave Voicemail?  Yes  No

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

If no signature, did client give verbal consent to referral?  Yes  No

#### REFERRING AGENCY INFORMATION

<b>Referring Staff Name:</b>	<b>Agency/Clinic:</b>
<b>Contact Number:</b>	<b>Fax Number:</b>

Please share more about this client's strengths and risks: (optional)

Fax to: 360-778-6004 (new fax #) or Email to: [NFP@whatcomcounty.us](mailto:NFP@whatcomcounty.us)  
For more information contact Erin at: 360-303-9653

NFP Use Only:  
Date Received: \_\_\_\_\_ Enroll by date: \_\_\_\_\_ Insight #: \_\_\_\_\_  
Entered:  Insight  ETO  Spreadsheet  
 Send Referral Confirmation  Send Referral Status  Dismissal Letter to Client  
Referred on to:  MSS  EHS  BCFS Updated 9/14/22