

## Referral Form

To: **Nurse-Family Partnership**

Fax: **719-255-8095**

E-mail: **nfp@uccs.edu**

From: Referring Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Re: **The following pregnant woman would like to be contacted to receive more information about the Nurse-Family Partnership Program.**

### Client Info:

\_\_\_\_\_  
Name (Nombre)

\_\_\_\_\_  
DOB (Fecha de nacimiento)

\_\_\_\_\_  
Due Date (Fecha de Parto)

\_\_\_\_\_  
Primary Phone # (teléfono Primario)

\_\_\_\_\_  
Alternate Phone # (teléfono Alternativo)

\_\_\_\_\_  
Address (Domicilio)

\_\_\_\_\_  
Apt # (calle y #apto)

\_\_\_\_\_  
City (Ciudad)

\_\_\_\_\_  
Zip (Código postal y condado)

\_\_\_\_\_  
Primary Language (Idioma Principal)

**Client has been informed about the Nurse-Family Partnership Program and wishes to have a nurse contact her (*obtain if possible*).**

\_\_\_\_\_  
Client Signature (Firma del solicitante)

### Comments:

## PROGRAM & REFERRAL INFORMATION

### QUESTIONS TO ASK IF MAKING AN NFP REFERRAL

If you answer yes to the questions below please give your client an NFP brochure and make a referral.

circle answer

*Is your client pregnant with her first child or delivered within 30 days?*

YES NO

*Does your client live in El Paso or Teller County?*

YES NO

*Does your client meet the low-income criteria below or are they currently on WIC or Medicaid?*

YES NO

### NFP Income Guidelines = 200% Poverty Level

Source: Federal Register January 17, 2024 (<https://aspe.hhs.gov/poverty-guidelines>)

Family Size (Include client & unborn baby(s) only)	Client + 1 unborn baby	Client + unborn twins	Client + unborn triplets
	2	3	4
Maximum Annual Gross Income	\$40,880	\$51,640	\$62,400
Maximum Monthly Gross Income	\$3,407	\$4,303	\$5,208

### ABOUT NFP:

- Nurse-Family Partnership (NFP) is a free program for first-time mothers.
- In this voluntary program, a personal nurse will visit women at any location of their choice (home, school, library, mall, etc.) starting as early as possible during pregnancy.
- The nurse will support new mothers in:
  - ✓ Having a healthy pregnancy.
  - ✓ Teaching and practicing things that make a mom become confident, like breastfeeding, nutrition, child development, safe-sleep techniques and much more.

### PROGRAM GOALS:

- Improve pregnancy outcomes
- Improve child health and development
- Improve the economic self-sufficiency of the family

## NFP USE ONLY

Nurse Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

### NHV Contact Attempts (return form to Data Entry when completed)

Date of Contact	Type of Contact/Contact Notes

### Referral Disposition

Enrolled/First Visit	Unable to Locate	Refused Participation	Did Not Meet Program Requirements	Program Full
Date:	Date:	Date:	Date:	Date: