Referral Form

Eligibility Requirements for Nurse-Family Partnership (NFP) Program:

- Be less than 28 weeks pregnant*
- Lives in Snohomish County
- First time parenting mom
- Eligible for Medicaid/Apple Health/WIC

**** The nurse needs time to visit and obtain consent before their 28th week of pregnancy.***

Date: ____ /_____ /_____ ***Please write legibly and complete parts 1, 2, and 3.***

Part 1: CLIENT INFORMATION

Name:			**Age:**	**Birthdate:** / /
# of Weeks Pregnant:	**Expected due date:** / /	**Speaks English?** □ Yes □ No →	**If NO, specify language:**	**Tribal Affiliation:**
Address: **OK to mail information?:** □ Yes □ No		**Apt #:**	**City:**	**Zip:**
Additional Address:		**Apt #:**	**City:**	**Zip:**
Contact Number: ( ) - □ Cell □ Home □ Other:_(_____)_____-_____ **OK to leave message?:** □ Yes □ No **OK to text?:** □ Yes □ No		**Best time to call:** : □ AM □ PM □ Other:_____		**Client agrees to be referred to NFP & provide the information above regarding pregnancy?** □ Yes □ No
Emergency contact person: **Is the contact person aware of pregnancy?** □ Yes □ No		**Relationship to client:**		**Contact's Number:** ( ) - □ Home □ Cell
Client's Email: Ok to email? □ Yes □ No		**Is client attending school?** □ No □ Yes ↓ **If YES, name and location of the school:** _____		

Part 2: MEDICAL HISTORY (Optional)

□ Pregnancy Related Conditions: _____
□ Physical Health: _____
□ Mental Health: _____ In treatment: □ Yes □ No
□ Psychosocial Concerns: □ Currently homeless/in shelter □ Family history of DV Other:_____
□ Substance Use: □ Alcohol □ Smoking □ Marijuana □ Opioids/Heroin □ Other:_____
Other Comments: _____
_____

Part 3: REFERRING AGENCY INFORMATION

Agency/Practice Name, Facility, or Division Name:		
Address, City, Zip:		
Referring Staff Name:	**Title:**	**Direct Contact Number:** ( ) -
Comments:		

NFP USE ONLY: 16 weeks: _____ 26 weeks: _____ 28 weeks: _____
Received by: _____ Date: _____ Funding source: □ DEL □ SNO □ VER

ChildStrive: 14 East Casino Road · Building A · Everett · WA · 98208
Intake Phone: (425) 245-8377 Intake Fax: (425) 245-7108

FOR PROVIDER USE ONLY