



Nurse-Family Partnership Referral Form



Serving Clark and Cowlitz Counties

NOTE: To qualify for the Nurse-Family Partnership (NFP) Program, a teen/woman must:

- Be Low-Income
- Live in Clark or Cowlitz County

Visit our website at: <https://www.clark.wa.gov/public-health/nurse-family-partnership>

Complete referral form and FAX or mail to:

Clark County Public Health, Nurse Family Partnership Program, PO Box 9825, Vancouver WA 98666

FAX: 360.397.8442 or Phone: 360.397.8440

- Client is a primip**—
 - 1st pregnancy and/or client has had no previous live births.
 - Client *must enroll* in NFP before the end of their 28th week of pregnancy.
- Client is a multip**—
 - Client has had one or more previous live births.
 - Clients may enroll anytime throughout pregnancy but priority will be given to those in their 1st or 2nd trimester.

DATE OF REFERRAL: _____

***Required fields**

*Last Name: _____ *First Name: _____ *DOB: _____

*Exp. Delivery Date: _____ 28 Wks. Gest. On: _____ Age: _____

Interpreter Needed: N Y Lang: _____ County: Clark Cowlitz

*Address: _____ Apt: _____ City: _____ Zip: _____

Cell Phone #: _____ Texting: Y N Other Phone #: _____

Can Leave Msg? Y N Email Address: _____

Client is aware of referral to Nurse-Family Partnership: Y N

PROVIDER INFORMATION:

Agency Name: _____ Medical Provider: _____

Medicaid Plan: _____ ProviderOne #: _____ Private Insurance: _____

Referring Staff Name: _____ Phone #: _____

Feedback Desired: Y N FAX #: _____

ADDITIONAL INFORMATION/COMMENTS FOR RECEIVING NFP STAFF:
