Referral to NFP Program

Please complete this form with the client and email or fax to BCHHS-Nurse Family Partnership veronica.watts@buncombecounty.org 828-250-6095.

Please call 828-250-5063 with any questions/problems.

Client Consent

I voluntarily consent to having a referral sent to the NFP program on my behalf. _____
Signature of Client / Parent / Legally Responsible Person

I voluntarily consent for the NFP program to share my enrollment status with the referring agency._____
Signature of Client / Parent / Legally Responsible Person

(The referring agency will be notified of the client referral outcome within 30 days when consent is provided by the client.)

Client Contact Information

Date of Referral:	First Name:	Last Name:
DOB:	EDD:	Prenatal Provider:
Race:	Ethnicity:	Primary Language:
Street Address:		City/State/Zip Code:
Phone Number:	Best time to call:	Can a message be left?
Alternative Contact Person(s) and/or Numbers(s):		

Referral Criteria

☐ Client is a primip - Client's first pregnancy or client has had no previous live births. Client is low income (qualifies for Medicaid, Food Stamps and/or WIC) and client is currently less than 29 weeks gestation.

☐ Client is a multip – Client has had one or more previous live births. Client is low income *(qualifies for Medicaid, Food Stamps and/or WIC)*; client is currently less than 29 weeks gestation; client has not participated in more than 8 home visits with a NFP program in the past.

Referral Source

Primary Referral Source Name: _____ Phone number: _____

Referral Agency Program Name: _____

For NFP Agency Use Only: Client Risk Factors	
☐ Previous preterm birth ☐ Previous low birth weight baby ☐ Currently homeless ☐ Mental health diagnosis or concerns ☐ Recent history or current substance use ☐ Previous or current involvement with child welfare	☐ History or current intimate partner violence ☐ Less than high school education or GED ☐ 19 years or younger ☐ Developmental disabilities ☐ Medical conditions requiring MD management ☐ Other concerns _____
Client met NFP referral criteria for Primip Program ☐ Yes ☐ No	
Client met NFP referral criteria for Multip Program ☐ Yes ☐ No	