



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

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

Referring Staff Name:	Agency/Clinic:
Contact Number:	Fax Number:

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

Fax to: 360-778-6101 or Email to: 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 9/2021