

Nurse-Family Partnership-Referral

FAX: (719) 578-3234

El Paso County Public Health
 1675 W. Garden of the Gods Rd., Colorado Springs,
 CO 80907
 (719) 578-3268 or (719) 578-3213

NFP/ETO ID #	Date Received in NFP Office
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Please complete all sections.
ELIGIBILITY REQUIREMENTS – Must meet all 3 requirements

1. First-time parent (no previous live births)	Yes	No
2. Resides in El Paso or Teller County	Yes	No
3. Below 200% poverty level	Yes	No

Active enrollment in either of the following programs automatically meets income requirements for the NFP Program:				
WIC	Site:		Yes	No
Medicaid	#	<i>Please provide copy if possible</i>	Yes	No

If not enrolled in WIC or Medicaid, please provide the following information:	
Annual Gross Income \$ (Client's income only)	Family Size (client & unborn baby(s) only)

Name _____	Date of Birth _____	Age _____
Due Date _____	Weeks Gestation _____	G ___ P ___ AB ___
Street _____	Home Phone _____	
Apt/Lot# _____	Cell Phone _____	
City _____	Work Phone _____	
Zip _____	Message (& name) _____	
Primary Language _____	Aware of Referral?	Yes No

Risk Factors: (please check all that apply) Enrollment is not based on risk criteria, but is helpful in meeting client's needs.	
<input type="checkbox"/> Age 19 or less or Age 35 or more <input type="checkbox"/> Education less than grade 12 <input type="checkbox"/> Homelessness <input type="checkbox"/> Two changes of residence in past 30 days <input type="checkbox"/> Recent (or current) smoker <input type="checkbox"/> Recent (or current) alcohol use <input type="checkbox"/> Recent (or current) use of illicit drugs	<input type="checkbox"/> High life stress <input type="checkbox"/> Lack of support systems <input type="checkbox"/> Not Married <input type="checkbox"/> History of (or current) domestic abuse <input type="checkbox"/> Cognitive or developmental delay <input type="checkbox"/> History of (or current) Psychiatric diagnosis, including depression <input type="checkbox"/> Medical diagnosis, specify: _____

Comments:

Referred By: _____ Agency Name: _____

Date: _____ Phone: _____	(NFP USE ONLY) Referral Taken By: _____
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NFP STAFF USE ONLY

Prior to setting up the initial enrollment or introductory visit, a staff member will verify the client's eligibility for the program. For WIC Outreach contacts, the eligibility criteria will be assessed at the time of initial contact and documented on the front of the referral sheet and on the bottom section of this form. For all other program referrals, the assigned nurse will verify the following information with the client.

First-time parent (no previous live births): Yes No
 Resides in El Paso/ Teller County: Yes No
 Client is enrolled in Prenatal Plus: No Yes *

* Clients interested in NFP and enrolled in PNP program will need to disenroll prior to enrolling in the NFP program.

Meets income eligibility criteria for NFP program as evidenced by:

WIC Outreach contacts notes WIC eligibility prior to NFP enrollment Yes No
 Has active Medicaid card: Medicaid Number: _____ Yes No
 Medicaid Verification completed on the following date: _____ (attach copy to referral)

If client is not on WIC or Medicaid, please assess the client's income using the table below. Written documentation of income will be required at program intake.

Client's Income is below 200% of the Federal Poverty Guidelines as noted in the table below: Yes No N/A

Signature of Staff member who assessed program eligibility: _____

Date: _____

Client is ELIGIBLE FOR NFP Yes No

Date	Method LTR= Letter/postcard TC= telephone contact AV= Attempted Visit IV = Introductory Visit without enrollment	Client contacts post receipt of WIC Outreach Contact Form or Program Referral	Staff Signature

Referral Disposition

Enrolled	Unable to Locate	Refused Participation	Did Not Meet Program Requirements	Program Full
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

200% Poverty Level (Source: Federal Register January 20, 2011 (Volume 74, Number 13, Page 3637-3638))

Family Size (Include client & unborn baby(s) only)	Client + 1 unborn child	Client + unborn twins	Client + unborn triplets
	2	3	4
Maximum Annual Gross Income	\$29,420	\$37,060	\$44,700
Maximum Monthly Gross Income	\$2451	\$3088	\$3725