About The Program

Nurse-Family Partnership is a relationship-based program that partners highly-trained professional nurses with vulnerable first-time mothers and their babies. The program transforms lives through improved pregnancy outcomes, promotion of child health and development, and the encouragement of economic self-sufficiency for families. In this program, nurses visit mothers and babies in their homes for over two years.

Nurse-Family Partnership Referring Process

Patient is pregnant?

\[
\begin{array}{c|c}
\text{Yes} & \text{No} \\
\end{array}
\]

- Do not refer to NFP (\rightarrow)

Is she a first-time mother?

\[
\begin{array}{c|c}
\text{Yes} & \text{No} \\
\end{array}
\]

- Consider a different program
- Parents As Teachers
- Families First
- SafeCare

Would she meet income guidelines?

\[
\begin{array}{c|c}
\text{Yes} & \text{No} \\
\end{array}
\]

- If you are unsure, refer. (\rightarrow)
- Do not refer.

Has she completed a Bachelor’s degree or higher?

\[
\begin{array}{c|c}
\text{No} & \text{Yes} \\
\end{array}
\]

- If you are unsure, refer. (\rightarrow)
- Do not refer.

Does she live in Adams, Arapahoe, or Douglas county?

\[
\begin{array}{c|c}
\text{Yes} & \text{No} \\
\end{array}
\]

- Refer to a different NFP Site
- Denver Health NFP
  Fax: (303) 602-6804
- Centura Health NFP
  Fax: (303) 269-2970
- Jefferson County Public Health Dept.
  Fax: (303)239-7157

\[\rightarrow\]

Enroll Early

- Enrollment is limited, so early referral during pregnancy is highly encouraged.

Postpartum Referrals

- Postpartum referrals must be enrolled 30 days after birth.
- Please keep in mind that an NFP nurse needs time to schedule a visit and meet with the client prior to the 30 day postpartum enrollment period.

Income Guidelines

In accordance with the Colorado Nurse Home Visitor Program Act, clients in the NHVP must be low-income, meaning the \textit{mother’s annual income} (not the household or family income), cannot exceed 200% of the Federal Poverty Guidelines.

\[
\begin{array}{|c|c|c|}
\hline
\text{Persons in Family or Household} & \text{100\% of poverty level Colorado} & \text{NFP eligible-200\% of poverty level Colorado} \\
\hline
1 & $12,490 & $32,490 \\
2 & $16,910 & $44,830 \\
3 & $21,330 & $54,660 \\
\hline
\end{array}
\]

When calculating family size, always include the woman and the number of babies she expects to have or has had—a woman with a single child has a family size of 2; a woman with twins has a family size of 3; etc.

- Clients actively enrolled in Medicaid or WIC meet the income eligibility requirement.
- Clients who do not earn or receive an income meet the income eligibility requirement.

Fax to Adams (Fax: 303-255-6290), Arapahoe or Douglas County (Fax: 720-200-1697).
NURSE-FAMILY PARTNERSHIP REFERRAL FORM

NFP is a parent support program for 1st time moms that starts early in pregnancy & continues until child turns 2 years old. www.nursefamilypartnership.org

**NOTE:** To qualify for the Nurse-Family Partnership Program, a woman must:

- Be pregnant with her first child (no previous live births).
- Education level: < Bachelor’s degree
- Live in Adams (Fax: 303-255-6290), Arapahoe or Douglas County (Fax: 720-200-1697).
- Client has been informed about the Nurse-Family Partnership Program and wishes to have a nurse contact her.

Client may be contacted by (check all that apply):

- ☐ Mail  ☐ Phone  ☐ Okay to leave message  ☐ Text  ☐ Email

While we can enroll at any time during pregnancy, we encourage first-time moms to enroll as early as possible to ensure that mom and baby get the best start. Postpartum referrals up to 30 days after birth may be considered based on program capacity.

**Instructions:** Complete & fax this form to us.

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**Part 1**

**Patient/Client Information**

Name: ____________________________

Expected Delivery Date: / / 

Infant DOB, if this is a postpartum referral / /

Speaks English? ☐ Yes ☐ No

If No, Specify Language: ____________________________

Street Address: ____________________________

Apt: ____________________________

City: ____________________________

Zip Code: ____________________________

Contact Phone #: ____________________________

Email address: ____________________________

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**Part 2**

**Referring Agency/Practice Information**

Agency/Practice Name, Facility or Division: ____________________________

Title: ____________________________

Referring Staff Name: ____________________________

Phone #: ____________________________

Fax#: ____________________________

Referring Staff E-Mail: ____________________________

Comments: ____________________________

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Nurse Family Partnership
Tri-County Health Department
Phone: 303-255-6246

Completion of this form indicates that consent has been obtained from the party named above for disclosure of HIPAA-covered information. Tri-County Health Department reserves the right to share this referral with community Nurse-Family Partnership Programs as applicable.
<table>
<thead>
<tr>
<th>Nurse Assigned:</th>
<th>Date Assigned:</th>
</tr>
</thead>
</table>

**NHV Contact Attempts**

<table>
<thead>
<tr>
<th>Date of Contact</th>
<th>Type of contact/Contact Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disposition of Referral**

- [ ] Enrolled in NFP Program
- [ ] Already Enrolled in Another Program
- [ ] Did not Meet Local Criteria
- [ ] Did Not Meet Program Criteria
- [ ] Program Full (Supervisors Only)
- [ ] Unable to Locate
- [ ] Refused to Participate

**Updated Referral Source**

- [ ] Updated Referral Source

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