

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?

Yes



No

Do not refer to NFP

Is she a first-time mother?

Yes



No

Consider a different program

- Parents As Teachers
- Families First
- SafeCare

Would she meet income guidelines?

Yes



If you are unsure, refer.

No

Do not refer.

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

Yes



If you are unsure, refer.

No

Refer to a different NFP Site

- Denver Health NFP
Fax: (303) 602-8904
- Centura Health NFP
Fax: (303) 269-2970
- Jefferson County Public Health Dept.
Fax: (303)239-7157

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 **mother's annual income** (**not** the household or family income), cannot exceed 200% of the Federal Poverty Guidelines.

2018 Federal Poverty Guidelines

Persons in Family or Household*	NFP eligible- 200% of poverty
1	\$24,280
2	\$32,920
3	\$41,560

**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).
- 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.

Referral Date: __/__/__

Part 1 Patient/Client Information

Name:		Birthdate:		
Expected Delivery Date: / /	Infant DOB, if this is a postpartum referral / /	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Specify Language:	
Street Address:	Apt:	City:	Zip Code:	
Contact Phone #:	Email address:			

Part 2 Referring Agency/Practice Information

Agency/Practice Name, Facility or Division :		Title:	
Referring Staff Name:	Phone #:	Fax#:	
Referring Staff E-Mail:			
Comments:			

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.

NURSE-FAMILY PARTNERSHIP REFERRAL FORM



Part 3 To Be Completed by the Nurse-Family Partnership Site

Nurse Assigned:	Date Assigned:
-----------------	----------------

<u>NHV Contact Attempts</u>	
Date of Contact:	Type of contact/Contact Notes:

<u>Disposition of Referral</u>			
<input type="checkbox"/> Enrolled in NFP Program	<input type="checkbox"/> Already Enrolled in Another Program	<input type="checkbox"/> Did not Meet Local Criteria	
Date of Enrollment: / /	Program:	County:	
<input type="checkbox"/> Unable to Locate	<input type="checkbox"/> Refused to Participate	<input type="checkbox"/> Program Full (Supervisors Only)	<input type="checkbox"/> Did Not Meet Program Criteria
<input type="checkbox"/> Updated Referral Source			