



# Nurse-Family Partnership Referral

## New Client Information:

- First Name \_\_\_\_\_
- Last Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_ Due Date(EDD) \_\_\_\_\_
- Primary Language \_\_\_\_\_
- Address \_\_\_\_\_  
\_\_\_\_\_
- Zip Code \_\_\_\_\_
- Email \_\_\_\_\_
- Cell Phone \_\_\_\_\_
- Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Qualifiers for the NFP Program:

- \*Be less than 28 weeks Pregnant
- \*Have no previous live births
- \*Be low income
- \*Live in Benton or Franklin Counties

### Send Referrals to:

Benton-Franklin Health District  
412 W. Clark Street  
Pasco, WA 99301  
Fax: 509-546-2990

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## Referral Source Information:

- Date of Referral \_\_\_\_\_
- Name of Primary Referral Source \_\_\_\_\_
- Location/Business Name & Phone Number \_\_\_\_\_
- Name of Secondary Referral Source \_\_\_\_\_
- Location/Business Name & Phone Number \_\_\_\_\_

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For NFP office use only:

Waiting List

Follow-Up NHV: \_\_\_\_\_

Referral Disposition Code \_\_\_\_\_

Contact Log: \_\_\_\_\_