



Nurse-Family Partnership (NFP) Referral Checklist

Women who meet the following guidelines are eligible for NFP:

- Less than 28 weeks pregnant
- ✓ No previous live births
- ✓ Low income*

If you checked all the boxes, please invite her to find out if she can have her own nurse to:

- answer her questions
- help her with her goals
- teach her about self care and baby care

This program is voluntary and there is NO cost to the client.

Please give her a card and send us a referral (this does not automatically enroll her into NFP)

- Online referral form: goodwillindy.org/nfp click on the link for service providers
- Fax referral form: <u>317-536-2795</u> include a cover sheet

**An NFP nurse will contact her to further explain the program and enrollment process **

Refer women who do not meet NFP guidelines to Healthy Families Indiana or another appropriate program.

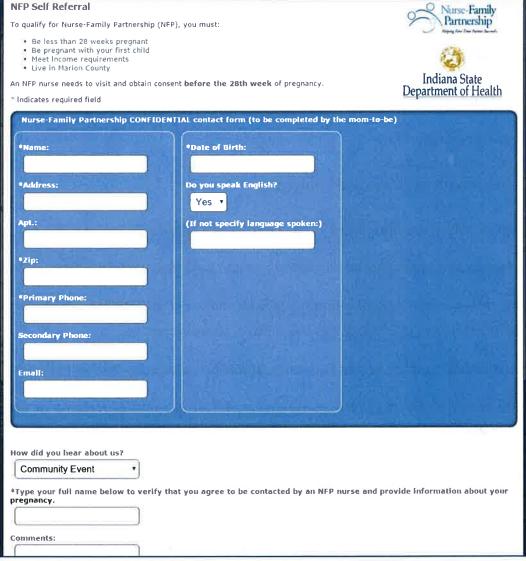
*The income requirement for NFP is 200% of the federal poverty level. Anyone eligible for programs such as HIP, Hoosier Healthwise, WIC, SNAP, or TANF is also eligible for NFP. They do not have to participate in any of these programs to enroll in NFP.



goodwillindy.org/nfp



Click this link to make a referral





NURSE-FAMILY PARTNERSHIP NE REGION REFERRAL FORM

NOTE: To qualify for the Nurse-Family Partnership (NFP) Program, a woman must:

□ Be less than 28 weeks pregnant

Please refer as e An NFP nurse ne	arly as possible eds time to visit	and obtai	in consent b e	efore the 2	8 th week	of pregna	ncy.	
Fax with	e Part 1 of fo cover sheet to a	317-536-2		nt fax				
e://_	=	Referring Agency:						
			Contac	t name:_				
			Contac	t phone:_				
			Contac	t email:				
Patient/Client Int	ormation	Maria de la compansión						
Name:				Age:	Age: Birthdate:			
Confirmed with Pregnancy Test? Expected Deliver Yes , Date / / □ No / /			ery Date:	English	Speaks Pre English? Lan		# of weeks Pregnant:	
Address:				Apt:		Zip:		
Additional Address:				Apt:		Zip:	15-10	
Home Phone #:	Work Phone #:	С	ell Phone #:		Email addı	ress:		
Emergency Contact Person:	Relationship to Patient/Client:		Contact's H #:	ome Phone	one Work Phone #:		Cell Phone #:	
	1							



Nurse-Family Partnership® Implemented by Goodwill Industries of Central Indiana, Inc. 5901 Lakeside Blvd., Indianapolis, IN 46278 (317) 524-3999



To Be Completed by the Nurse-Family Partnership Site

Name:		Date:						
Name: Referral source (check one) 1.	y member □ Other							
O Dismissadi								
□ 2. Dismissed: **Reason: □ >28 Weeks Pregnant □ Previous Live Birth □ Out of Service Area □ Unable to Locate □ Does Not Meet Income Guideline □ Pregnancy Terminated □ Already Had the Baby □ Program Full □ Unable to serve due to language □ MIHOPE-Non HV □ Other, Specify:								
Referred to: □ Healthy Families	□ lr	□ Indianapolis Healthy Start						
□ Prenatal Care Coordination □ Other								
□ None - reason:								
□ 3. Refused to Participate □ Yes □ No □ Already enrolled in another program - program name:								
Comments:								
Completed by NFP Staff:	NFP Site:		Date: / /					
Referral placed in ETO								
Date: Initials								
Referral assigned to Nurse								
Date: Initials nurse assigned								
Referral disposition updated								
Date: Initials								



