



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: [317-536-2795](tel:317-536-2795) - 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

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Goodwill
Good cause

Nurse-Family Partnership



Nurse-Family Partnership (NFP) pairs mothers pregnant with their first child with a registered nurse for ongoing home visits aimed at supporting mothers and families in providing the very best start for their children during the earliest, most developmentally critical years.

An important part of Goodwill's approach to increasing central Indiana families' economic independence, frequently, an NFP family also connects with other Goodwill programs for education or employment.

NFP is an international, community health program, widely researched and recognized for increasing healthcare access and improving health outcomes. Implemented in Indiana exclusively by Goodwill, NFP began in Marion County in November 2011 and today serves nearly 600 families there.

Goodwill and NFP support the Indiana State Department of Health's Labor of Love campaign to reduce infant death, providing prenatal care and teaching parents about and encouraging smoking cessation, breastfeeding and safe sleep.

Positive NFP Outcomes in Indiana

- 94%** of children at age 12 months were fully immunized
- 87%** of babies were born full term
- 87%** were born at a healthy weight at or above 5.5 lbs



Referrals

- Moms-to-be: [Sign yourself up](#)
- Providers: [Make a Referral](#)

About Us

- [State Profile](#)
- [2013 Annual Report](#)
- Newsletter
 - [September 2014](#)
 - [May 2014](#)

Click this link to make a referral



NFP Self Referral

To qualify for Nurse-Family Partnership (NFP), you must:

- Be less than 28 weeks pregnant
- Be pregnant with your first child
- Meet Income requirements
- Live in Marion County

An NFP nurse needs to visit and obtain consent **before the 28th week** of pregnancy.

* Indicates required field

Nurse-Family Partnership CONFIDENTIAL contact form (to be completed by the mom-to-be)

<p>*Name:</p> <input type="text"/>	<p>*Date of Birth:</p> <input type="text"/>
<p>*Address:</p> <input type="text"/>	<p>Do you speak English?</p> <p>Yes ▾</p> <p>(If not specify language spoken:)</p> <input type="text"/>
<p>Apt.:</p> <input type="text"/>	
<p>*Zip:</p> <input type="text"/>	
<p>*Primary Phone:</p> <input type="text"/>	
<p>Secondary Phone:</p> <input type="text"/>	
<p>Emell:</p> <input type="text"/>	

How did you hear about us?

Community Event ▾

***Type your full name below to verify that you agree to be contacted by an NFP nurse and provide information about your pregnancy.**

Comments:



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
- Have no previous live births
- Be low-income (ex. eligible for Medicaid)

Please verify by checking all that apply.

Please refer as early as possible

An NFP nurse needs time to visit and obtain consent **before the 28th week** of pregnancy.

Instructions:

- Complete **Part 1** of form
- Fax with cover sheet to **317-536-2795**
- Please call **317-524-3999** for notification of sent fax

Date: ____ / ____ / ____

Referring Agency: _____

Contact name: _____

Contact phone: _____

Contact email: _____

Part 1

Patient/Client Information

Name:		Age:	Birthdate:		
Confirmed with Pregnancy Test? <input type="checkbox"/> Yes, Date ____ / ____ / ____ <input type="checkbox"/> No		Expected Delivery Date: ____ / ____ / ____		Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language:
Address:		Apt:		Zip:	
Additional Address:		Apt:		Zip:	
Home Phone #:	Work Phone #:	Cell Phone #:		Email address:	
Emergency Contact Person:	Relationship to Patient/Client:	Contact's Home Phone #:	Work Phone #:	Cell Phone #:	
Patient agrees to be referred to NFP & provide the information above regarding her pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No			Patient's/Client's Signature:		Date: ____ / ____ / ____



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:
Referral source (check one) 1. <input type="checkbox"/> WIC 2. <input type="checkbox"/> Pregnancy Testing Clinic 3. <input type="checkbox"/> Healthcare Provider/Clinic 4. <input type="checkbox"/> School 5. <input type="checkbox"/> NFP Client (current or past) 6. <input type="checkbox"/> Other home visiting program 7. <input type="checkbox"/> Medicaid 8. <input type="checkbox"/> Self _____ 9. <input type="checkbox"/> Other (includes human service agency) _____		
Goodwill affiliation: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Family member <input type="checkbox"/> Other _____		
Disposition of Referral: <input type="checkbox"/> 1. Enrolled in NFP Program		Date of Enrollment: / /
<input type="checkbox"/> 2. Dismissed: Reason: <input type="checkbox"/> >28 Weeks Pregnant <input type="checkbox"/> Previous Live Birth <input type="checkbox"/> Out of Service Area <input type="checkbox"/> Unable to Locate <input type="checkbox"/> Does Not Meet Income Guideline <input type="checkbox"/> Pregnancy Terminated <input type="checkbox"/> Already Had the Baby <input type="checkbox"/> Program Full <input type="checkbox"/> Unable to serve due to language <input type="checkbox"/> MIHOPE-Non HV <input type="checkbox"/> Other, Specify: Referred to: <input type="checkbox"/> Healthy Families _____ <input type="checkbox"/> Indianapolis Healthy Start <input type="checkbox"/> Prenatal Care Coordination _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> None - reason: _____		
<input type="checkbox"/> 3. Refused to Participate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already enrolled in another program - <i>program name:</i> _____		
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 _____



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