



Boulder County Nurse-Family Partnership Referral

3482 Broadway · Boulder, CO 80304
 Phone: 303.413.7554 · Fax: 303.413.7505



Referral Criteria (*Please refer as early as possible in pregnancy, preferably when client is less than 28 weeks pregnant.*)

- Expecting first baby or first baby is younger than one month old
- Currently have low income (200% of Federal Poverty level)
- Start of Pregnancy at Age 20 or older (*Refer to Genesis Program 303.413.7529 if under 20 years old*)

Referral Date: 7/18/16

Last Name, First Name: _____

Street Address and Unit No: _____ City: _____ Zip Code: _____

Telephone: _____ Email: _____

Has this woman provided authorization to your agency allowing us to contact her through text? YES NO Initial ____

Birth Date: _____ Estimated Due Date: _____ Spoken Languages: _____

Prenatal Care Provider: Name _____ Agency _____

Comments:

Referred by: _____
 NAME AGENCY PHONE W/ EXT. FAX

<i>NFP Use Only</i>		NFP Contact Record			Home Visitor: _____
Type of Contact					
Date	Direct	Indirect	Telephone	Attempted Visit	Comments
Referral Source contacted to inform of final status of referral.					
Date:	Person contacted:	<input type="checkbox"/> letter <input type="checkbox"/> phone <input type="checkbox"/> voicemail <input type="checkbox"/> email <input type="checkbox"/> text			

Efforts to Outcomes/ETO Referral and Disposition

- Already enrolled in another program
- Did not meet local criteria
- Did not meet NFP criteria
- Enrolled in NFP
- Program full
- Refused participation
- Unable to locate
- Unable to serve due to language