

## NURSE FAMILY PARTNERSHIP PROGRAM

Tel. 217-545-3012 Fax 217- 757-8207



### CLIENT REFERRAL REQUEST FOR EXPECTANT FIRST TIME MOMS

#### PROGRAM GOALS

1. Improve pregnancy outcomes
2. Improve child health & development
3. Improve economic self-sufficiency of the family

#### CLIENT CRITERIA

- ❖ Expectant *first* time mom
- ❖ Less than 28 weeks pregnant
- ❖ Lives in Springfield
- ❖ Meets income requirements

#### SUPPORTIVE SERVICES

- ❖ Regular home visits throughout pregnancy and until baby is 2 years old
- ❖ Your nurse is a professional registered nurse
- ❖ Your nurse provides competent, compassionate mom and mom/baby support
- ❖ Visit dates and times are flexible
- ❖ No charge
- ❖ Confidential

#### REFERRING PROVIDER INFORMATION

Agency/Practice Name, Facility \_\_\_\_\_ Date \_\_\_\_\_

Referring Person & Title \_\_\_\_\_ Telephone \_\_\_\_\_

#### CLIENT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ EDC \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

# wks pregnant \_\_\_\_\_ Client agrees referral to NFP (client's initials) \_\_\_\_\_ Date \_\_\_\_\_

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