NURSE-FAMILY PARTNERSHIP REFERRAL FORM

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

- ☐ **Be less than 28 weeks pregnant**
- ☐ **Have no previous live births**
- ☐ **Meet income requirements (You qualify if you are eligible for Medicaid or WIC).**
- ☐ **Live in York, Chester, or Lancaster counties**

Instructions: Complete the form. Email to nfp@ycfirststeps.com or fax to York Regional NFP at (803) 981-5784. If you have questions please call (803) 981-5780

Date: / /

Patient/Client Information

Name:			Age:	Birthdate # of weeks pregnant
Confirmed with Pregnancy Test? ☐ Yes, ☐ No		Expected Delivery Date: / /	Speaks English? ☐ Yes ☐ No	If No, Specify Language:
Address:	Apt:	Home Phone #:	Cell Phone #:	Alternate Phone #:
City:	Zip:	Email address:		
Ok to leave message on voicemail? ☐ Yes ☐ No	Ok to leave message by texting? ☐ Yes ☐ No	Ok to leave message by email? ☐ Yes ☐ No		
Emergency Contact Person:	Relationship to Client:	Contact's Home Phone #:		Cell Phone #:
Patient agrees to be referred to NFP & provide the information above regarding her pregnancy: ☐ Yes ☐ No		Patient's/Client's Signature:		Date: / /

Referring Agency/Practice Information

Agency/Practice Name, Facility, or Division:		Date: / /
Referring Staff Name & Title:		
Email:	Phone #:	

York Regional NFP
PO Box 969
Rock Hill, SC 29731
Phone: (803) 981-5780
Fax: (803) 981-5784

YORK COUNTY FIRST STEPS
Getting children ready for school.

Nurse-Family Partnership
Helping First-Time Parents Succeed®