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| **Nurse-Family Partnership Program Referral Form**  (Please note: The NFP Program Referral Form is 1 page) |

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| **Purpose:**  This form is used to track the number of eligible pregnant women referred to the program and the disposition of the referrals. This information can help track the number of referrals by referral source, percent of referrals enrolled (to demonstrate need for the program) and, for those enrolled in the program, time from referral to program entry.  **General Guidelines:**  This form is completed whenever a new referral to the program is received.  Sites should assign responsibility for maintaining this form to a single person (e.g., staff support person) or place  the form in a folder in a convenient place accessible to all nurse home visitors. |

**Definitions/Directions for Completing Form**

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| **Item** | **Guidelines** | |
| Primary Language: | Language information is for supervisors to utilize when assigning a referral to a nurse home visitor. | |
| Date of Referral | The date the referral was received by the implementing agency. | |
| Referral Source Code | Enter the appropriate referral source code (1 – 14). | |
| Primary Source  Name | This is an optional field. Primary Source name is the actual name of the  referral source (e.g. Westside Teen Clinic, Westside Physicians). The name  of the referral source is for the supervisor to track the sources of referrals. | |
| Follow-up NHV | This is an optional field. This can be utilized by the supervisor to track the  nurse home visitor assigned to the referral | |
| Contact Log | This is an optional field. *Utilize this text box to track all attempts to contact a potential client.* | |
| Disposition Codes | Mark the appropriate code indicating whether or not the client entered the  program. If she did not, choose the appropriate reason. | |
| 1 = Enrolled in NFP – met eligibility criteria | Client eligible, verbally consented to participate\*, accepted in program, and ready to have first home visit. |
| 2 = Enrolled in NFP – did not met eligibility criteria | Client signed consent to participate but does not meet eligibility criteria. *This scenario should be very rare - indicate in the “Comments” section indicate if this was inadvertent or the rationale for the decision (only after consultation with a supervisor).* |
| 3 = Eligible but declined to participate | Client meets site eligibility criteria but declined to participate. *If the reason is known, indicate in the “Comments” section.* |
| 4 = Unable to locate/contact | Multiple efforts have been made to contact the client referred and you have been unable to reach her. |
| 5 = Did not meet NFP eligibility criteria | *Section at on eligibility criteria (bottom of form) should be completed on all referrals – countries/sites will adapt this to their own context as needed, in particular age cut-offs.* |
| 6 = Program full/waiting list | Client meets eligibility criteria but currently site/implementing agency has a waiting list. *Indicate that client has been added to the wait list in the “ON WAIT LIST” box* |
| 7 = Program full – client referred to an alternate program | If referral will time out if put on a wait list, client may be better served by a referral to another program/service; *indicate which program/service in “Comments” section.* |
| 8 = Already enrolled in another program | Client is enrolled in another program that is similar or supports her development. *In the “Comments” section, indicate which program/service client is already enrolled in.* |
| 9 = Unable to serve client due to language | *Indicate primary language spoken by client.* |

\*Some sites may determine eligibility and obtain consent in a home visit

**REFERRAL INFORMATION:**

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| --- | --- | --- | --- | --- |
| **First Name:** |  |  | **Last Name:** |  |

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| --- | --- | --- | --- | --- |
| **Date of Birth:** |  |  | **Estimated Date of Delivery:** |  |

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| --- | --- | --- | --- | --- |
| **Primary Language:** |  |  | **Gestation in Weeks:** |  |

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| **Address:** |  |

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| --- | --- | --- | --- | --- |
| **Postal Code:** |  |  | **Email:** |  |

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| **Mobile #:** |  |  | **Other phone:** |  |

**REFERRAL SOURCE:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral:** |  |  | **Referral Source Code: \*** |  |  | **Referral Source Codes:**  1 = Child welfare services  2 = Hospital  3 = Mental health counselling  4 = Midwife  5 = NFP client (past or present)  6 = Obstetrician  7 = Other home visiting program  8 = Primary Care Physician  9 = School  10 = Self  11 = Sexual health clinic  12 = Social services  13 = Women’s Shelter  14 = Other |
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| **Primary Referral. Source Name:** |  | | | |
|  |  | | | |
| **Location & Phone:** |  | | | |
|  |  | | | |
| **Secondary Referral Source Name & Phone:** |  | | | |
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| **ASSIGNED NHV:** |  | | | |

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| **CONTACT LOG:** | |  | | | | | **^ Disposition Codes:**  1 = Enrolled in NFP – met eligibility criteria  2 = Enrolled in NFP – did not met eligibility criteria 1  3 = Eligible but declined to participate  4 = Unable to locate/contact  5 = Did not meet NFP eligibility criteria  6 = Program full – client added to waiting list  7 = Program full – client referred to an alternate program 1  8 = Already enrolled in another program 1  9 = Unable to serve client due to language |
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| **ON WAIT LIST:** |  |  | **REFERRAL DISPOSITION CODE: ^** |  |  | |
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| **1 Comments:** |  | | | | | | |

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| **MEETS ELIGIBILITY:** | **🞏 First time parent 🞏 Low-income 🞏 Low education 🞏 Single parent 🞏 Young age 🞏 < 29 weeks gest’n** |