NYC NURSE-FAMILY PARTNERSHIP CLIENT REFERRAL FORM

Eligibility

- 28 weeks pregnant or less
- No previous live births
- Low-income (Medicaid and/or WIC-eligible)

Making a Referral

- Complete form and fax or email it to NYC Health Manhattan NFP. *(See contact info below. For other locations, see reverse side.)*
- For foster care, homeless or criminal/juvenile justice cases, send to the Targeted Citywide Initiative (TCI).
- **Please submit ASAP. Clients must have their first visit and be enrolled by the end of their 28th week of pregnancy.**

HIPAA Compliance

- Via fax: Call first to notify staff.
- Via email: Use secure or encrypted email.

Client Information

Name / *Nombre*	**Age** / *Edad*	**Birth date** / *Fecha de nacimiento*	**ZIP code** / *Código postal*
Address / *Dirección*	**Apartment** / *Apartamento*	**Email address** / *Correo electrónico*	
Phone numbers / *Números de teléfono* **Cell** / *Celular*	**Home** / *Casa*	**Work** / *Trabajo*	**Speaks English?**/ *¿Habla inglés?* ◯ **Yes**/*Sí* ◯ No	**Preferred language** / *Idioma preferido*
No. of weeks pregnant / *Núm. de semanas de embarazo*	**Date of last period** / *Fecha de la última menstruación*	**Delivery date** / *Fecha de parto*	**Best time(s) to contact** / *Mejor horario para contactarle*
Additional contact person / *Nombre del contacto adicional*	**Relationship to client** / *Relación con el cliente*	**Contact's phone numbers**/*Números de teléfono del contacto adicional* **Cell** / *Celular*	**Home** / *Casa*	**Work** / *Trabajo*
OK to leave voicemail about NYC NFP? /*¿Podemos dejar mensajes de voz con información sobre NYC NFP?* ◯ **Yes**/*Sí* ◯ No **If yes, at which number(s)?** / *Si sí, ¿a qué número(s)?*			**OK to text?**/*¿Acepta mensajes de texto?* **No.** / *Núm.* ◯ **Yes**/*Sí* ◯ No
Can NYC NFP and the NFP National Service Office receive all information on this form and contact you? / *¿PuedenNYC NFP y la oficina nacional deNFP recibir toda la información de este formulario y contactarle?* ◯ **Yes**/*Sí* ◯ No	**Client's Signature** / *Firma del cliente*	**Date** / *Fecha*	

Referring Agency/Practice Information **ACS Clients:** CIN# _____ Preventive? ◯ Yes ◯ No

Referring Staff Name		Title	
Agency/Practice Name, Facility or Division			
Phone	Fax	Email Address	Date

NYC Health

NYC HEALTH MANHATTAN NFP

NYC NURSE-FAMILY PARTNERSHIP

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Fax 347-396-8820 Tel: 212-857-8195

nfpmetro@health.nyc.gov

Nurse-Family Partnership
Helping First-Time Parents Succeed®

NYC NURSE-FAMILY PARTNERSHIP PROGRAM SITES

Bronx

Bronx NFP
VNS Health
Address: 1200 Waters Place, Suite 302
Bronx, NY 10461
Phone: 718-536-3789
Fax: 718-678-8424
Email: NFPReferrals@vnshealth.org

Brooklyn

Central Brooklyn NFP
SCO Family of Services
Address: 774 Saratoga Ave., Second Floor
Brooklyn, NY 11212
Phone: 718-257-7208
Fax: 718-566-7045
Email: nfpreferrals@sco.org

NYC Health Brooklyn NFP
NYC Department of Health and Mental Hygiene
Address: 485 Throop Avenue., #2105
Brooklyn, NY 11221
Phone: 646-937-4131/929-512-0966
E-Fax: 347-396-8821
Email: nfpbrooklyn@health.nyc.gov

Homeless + Foster Care + Criminal Justice + Juvenile Justice

NYC NFP Targeted Citywide Initiative (TCI)
NYC Department of Health and Mental Hygiene
Address: 160 W. 100th St., Second Floor
New York, NY 10025
Phone: 646-364-0724|646-364-0726 |646-364-0728
Fax: 646-364-0781
Email: nfptci@health.nyc.gov
Serves: Anyone in New York City who is homeless, in foster care or involved in the criminal or juvenile justice system

Manhattan

NYC Health Manhattan NFP
NYC Department of Health and Mental Hygiene

Address: 2238 5th Ave ,Third Floor,
New York, NY 10037
Phone: 212-857-8195
Fax: 347-396-8820
Email: nfpmetro@health.nyc.gov

Queens

Jamaica NFP
NYC Department of Health and Mental Hygiene

Address: 90-27 Parsons Blvd, First Floor
Jamaica , NY 11432
Phone: **718-553-3900**
Fax: 718-553-3999
Email: nfpjamaica@health.nyc.gov

Northern Queens NFP
Public Health Solutions

Address:103-24 Roosevelt Ave, Second Floor
Corona, NY 11368
Phone: 347-571-2792
Fax: 347-571-2797
Email: nfp-referrals@healthsolutions.org

Staten Island

Staten Island NFP
Public Health Solutions
Address: 358 St. Mark's Place
Staten Island, NY 10301
Phone: 718-313-1800
Fax: 718-816-5121
Email: nfp-referrals@healthsolutions.org

For more information about New York City Nurse-Family Partnership, call one of the above program sites or the NYC NFP Central Office at 347-396-4200, email nycnfp@health.nyc.gov or visit nyc.gov/health/nfp.