Referral to NFP Program

Referral Guidelines

- Please complete this form and send it to: Spokane Regional Health District, Community & Family Services
  1101 W College Ave, Room 240
  Spokane, WA 99201-2095
  Or fax to NFP Program Manager Susan Schultz, FAX: 509-324-1699
- You will be notified within **30** days if the client enrolls, declines participation, is not eligible, or if the client cannot be contacted/located.

Client Information

Date of Referral		
First Name		Last Name
DOB	EDD	Primary language
Street Address		Telephone (home/cell)
City/State/Zip Code		E-mail
Best number to call:		Best time to call:
May nurse leave a phone message? Yes ☐ No ☐ Unknown ☐ If unknown, assume No		May nurse send a text message? Yes ☐ No ☐ Unknown ☐ If unknown, assume No

- ☐ Client is a primip - this is the client's first pregnancy or client has had no previous live births. Client must be:
  -low income
  -enrolled before the end of her 28th week of pregnancy
- ☐ Client is a multip – client has had one or more previous live births. Client must be:
  -low income
  -enrolled before the end of her 28th week of pregnancy
  -have a minimum of one other risk factor (see below)
- ☐ Client lives within the area served by Spokane Regional Health District

Risk factors Please select all that apply	☐ Previous preterm birth ☐ Previous low birth weight baby ☐ Currently homeless ☐ Mental health concerns ☐ Substance use concerns ☐ Previous or current involvement with child welfare ☐ History of intimate partner violence ☐ Less than high school education or GED ☐ 19 years or younger ☐ Developmental disabilities ☐ Medically complex (please describe) _____ ☐ Other (please describe) _____

Referral Source

Name and contact information of referral agency/source

For NFP Agency Use Only

Date referral received: (MM/DD/YYYY)	
Date of contact #1: (MM/DD/YYYY)	Person/role contacting
Contact approach	□ Phone □ In person □ Text □ E-mail □ Post card □ Other (please describe) _____
Contact result	□ Reached client/client enrolled □ Reached client/client refused participation (please provide reason) _____ □ No response □ Did not meet NFP criteria □ Program full/on wait list □ Other (please describe) _____
Date of contact #2 (MM/DD/YYYY)	Person/role contacting
Contact approach	□ Phone □ In person □ Text □ E-mail □ Post card □ Other (please describe) _____
Contact result	□ Reached client/client enrolled □ Reached client/client refused participation (please provide reason) _____ □ No response □ Did not meet NFP criteria □ Program full/on wait list □ Other (please describe) _____
Date of contact #3 (MM/DD/YYYY)	Person/role contacting
Contact approach	□ Phone □ In person □ Text □ E-mail □ Post card □ Other (please describe) _____