Chelan-Douglas Health District
Nurse Family Partnership
200 Valley Mall Parkway, East Wenatchee, WA 98802
Personal Health: (509) 886-6400 | FAX 886-6478

Referral Form

Eligibility Requirements for Nurse-Family Partnership (NFP) Program:

- Pregnant for the first time
- Less than 28 weeks pregnant*
- Chelan/Douglas County Resident
- Eligible for Medicaid/Apple Health or WIC

The nurse needs time to visit and obtain consent before their 28th week of pregnancy.

Date:_____ **Please write legibly and complete parts 1, and 2.**

Please FAX form to (509) 886-6478

Part 1: Client Information

Name (Last, First, MI):		**Date of Birth:**		**Age:**
Street Address:	**Apt #:**	**City:**	**State:**	**Zip Code:**
Mailing Address (if different):	**Apt #:**	**City:**	**State:**	**Zip Code:**

Contact Number: ( ) - □ Cell □ Home

□ Other: ( ) - OK to leave message? □ Yes □ No

Email Address:

Preferred Mode of Contact: CALL _____ TEXT _____ EMAIL _____

Preferred Language:

Emergency Contact Person: **Phone Number:** ( ) -

Is the contact person aware of pregnancy? □Yes □ No

Eligibility Criteria:
- □ Low Income
- □ First Pregnancy
- □ Under 28 weeks Gestation
- □ Chelan/Douglas County Resident

Is client aware of referral? □ Yes □ No

Relationship to Client:

Part 2: Referring Agency Information

Referring Provider (s):	**Referring Agency/Practice, Facility, or Division Name:**
Referring Provider Email:	**Provider Direct Contact Number:** ( ) -

Medical Concerns/Comments:

Due Date:

EGA at time of referral:

NFP USE ONLY- NOTES/Date of Enrollment: _____

Washington State Department of CHILDREN, YOUTH & FAMILIES