# 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 the NYC NFP location nearest the client's residence (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.

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Name / Nombre				Age / Edad			Birth date / Fecha de nacimiento			ZIP code / Código postal			
Address / Dirección			<u> </u>		Ema	il address	/ Correo e	electrónico					
<b>Cell</b> / Celular	Phone numb	numbers / Números de teléfono Home / Casa		Work / Trabajo		Speaks English?/ ¿Habla inglés? Yes/Sí No		Preferred language / Idioma preferido					
No. of weeks pregnant / Núm. de semanas de embarazo	gnant / Núm. de la última menstruación			Delivery date / Fecha de parto Best time(s) to									
Additional contact person / Nombre del contacto adicional		Relationship to client / Relación con el cliente		Contact's ph Cell / Celular		one numbers/Números de telé Home / Casa		léfono del	contacto adicion Work	nal <sup>I</sup> Trabajo			
OK to leave voicemail about NYC  If yes, at which number(s)? / Si si,	-	•	voz con inf	formació	n sobre NYC	NFP?	,	Yes/Sí 1	OK to No. / /		ı epta mensajes de	e texto? <b>Yes</b> /Sí	No
Can NYC NFP and the NFP Nationa this form and contact you? / ¿Pue recibir toda la información de este	den NYC NFF	y la oficina nacional de N		No	Client's Sig	nature	e / Fir	ma del client	e		Date / Fecha		
Referring Agency/Praction	e Inform	ation			А	.CS C	lient	ts: CIN# _			Preventive?	Yes	No
Referring Staff Name					Tit	tle							
Agency/PracticeName,FacilityorDiv	ision												
Phone	Fax		En	nail Addre	ess						Date		



NYC NURSE-FAMILY PARTNERSHIP

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Helping First-Time Parents Succeed

Tel: 347-396-4200| Fax: 347-396-4360 | nycnfp@health.nyc.gov

Please either fax or email (via secure/encrypted email only) this form.

# NYC NURSE-FAMILY PARTNERSHIP PROGRAM SITES

### **Bronx**

#### **Bronx NFP**

Visiting Nurse Service of New York

Address: 1200 Waters Place, Suite 302

Bronx, NY 10461

Phone: 718-536-3789 718-678-8424 Fax:

**Email:** NFPReferrals@vnsny.org

# Brooklyn

#### **Central Brooklyn NFP**

**SCO Family of Services** 

Address: 774 Saratoga Ave., Second Floor

Brooklyn, NY 11212

Phone: 718-257-7208 718-566-7045 Fax:

Email: nycnfp@health.nyc.gov

# **Woodhull Hospital NFP**

NYC Department of Health and Mental Hygiene

Address: 760 Broadway

Brooklyn, NY 11206

Phone: 646-937-4131 Fax: 718-553-3999

nfpwoodhull@health.nyc.gov Email:

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: 646-364-0734 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

#### **Manhattan NFP**

NYC Department of Health and Mental Hygiene

Harlem Hospital Team

Address: 506 Lenox Ave., Room 517

New York, NY 10037

917-612-9427 Phone: Fax: 646-364-0782

Email: nfpharlem@health.nyc.gov

Metropolitan Hospital Team

Address: 1901 First Ave.

New York, NY 10029

Phone: 646-306-4857 Fax: 212-771-0267

**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 718-553-3999 Fax:

Email: nfpjamaica@health.nyc.gov

# **Northern Queens NFP**

**Public Health Solutions** 

Address: 103-24 Roosevelt Ave., Second Floor

Corona, NY 11368

347-571-2792 Phone: 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