

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 program 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.

Client Information

Name / Nombre		Age / Edad	Birth date / Fecha de nacimiento	ZIP code / Código postal
Address / Dirección			Email address / Correo electrónico	
Cell / Celular	Phone numbers / Números de teléfono		Speaks English?/¿Habla inglés? <input type="radio"/> Yes/Sí <input type="radio"/> No	Preferred language / Idioma preferido
	Home / Casa	Work / Trabajo		
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? If yes, at which number(s)? / Si sí, ¿a qué número(s)?			OK to text?/¿Acepta mensajes de texto? No. / Núm. <input type="radio"/> Yes/Sí <input type="radio"/> No	
Can NYC NFP and the NFP National Service Office receive all information on this form and contact you? / ¿Pueden NYC NFP y la oficina nacional de NFP recibir toda la información de este formulario y contactarle? <input type="radio"/> Yes/Sí <input type="radio"/> 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 NURSE-FAMILY PARTNERSHIP

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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

Fax: 718-678-8424

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

Fax: 718-566-7045

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: 718-291-1974

Email: nfpwoodhull@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: 646-364-0734

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

Phone: 917-612-9427

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: 212-777-0267

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

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.