# NYC NURSE-FAMILY PARTNERSHIP REFERRAL FORM

**ELIGIBILITY** 

SE HABLA ESPAÑOL

To qualify for the NYC Nurse-Family Partnership (NFP) program, a woman or girl must:

- Be less than 28 weeks pregnant\*
- · Have no previous live births
- · Be low-income
- Live in a targeted area (See eligible ZIP codes on reverse side.)

Eligibility exceptions:

- ✓ All NYC girls under 18 years old are eligible, regardless of ZIP code.
- ✓ All women and girls are eligible if they are: homeless or incarcerated, in foster care, or involved in the juvenile justice system

## INSTRUCTIONS

- Complete Part 1 and Part 2 of form.
- Mail or fax to the patient's nearest NFP location (see reverse).\* You will be notified as to the enrollment status of each referral.
- For foster care, homeless, incarceration and juvenile justice cases, send to Targeted Citywide Initiative.
- If sending this referral via fax, please call to notify the site (HIPAA requirement).

\*Please send ASAP: An NFP nurse needs to make the first home visit and obtain consent before the 28th week of pregnancy.

Patient/Client Info	n	CIN# (required for ACS clients):									
Name:									Age:		Birthdate:
Address:						Apt:				Zip:	
Home Phone #:		Work Phone #:			Cell Phone #:			Email Address:			
# of Weeks Pregnant:	LMP:	I .MP: E		Expected Delivery Date:		Speaks English			Preferre	Preferred Language:	
Additional Contact Person:	Relationship to Patient			Client:	Contact's Home Phone #: Work P			one #:		Cell I	Phone #:
Patient agrees to provide the information above regarding her pregnancy and to be contacted by NFP:  Yes No				Patient's/Client's Signature:						Date:	
Referring Agence	:y/Pract	tice Infor	matior	1							
Referring Staff Name: Title:											
Agency/Practice Name, Facility of	or Division:										
Phone#:	Fax #:	ax #.			Email Address:						:
	Name:  Address:  Home Phone #:  # of Weeks Pregnant:  Additional Contact Person:  Patient agrees to provide the in pregnancy and to be contacted  Referring Agence  Referring Staff Name:  Agency/Practice Name, Facility of	Name:  Address:  Home Phone #:  # of Weeks Pregnant:  LMP:  Additional Contact Person:  Patient agrees to provide the information ab pregnancy and to be contacted by NFP:  Referring Agency/Pract  Referring Staff Name:  Agency/Practice Name, Facility or Division:	Address:  Home Phone #:  # of Weeks Pregnant:  LMP:  Additional Contact Person:  Relationship to the information above regarding pregnancy and to be contacted by NFP:  Yes  Referring Agency/Practice Information above regarding pregnancy and to be contacted by NFP:  Yes  Referring Staff Name:  Agency/Practice Name, Facility or Division:	Name:  Address:  Home Phone #:  # of Weeks Pregnant:  Additional Contact Person:  Patient agrees to provide the information above regarding her pregnancy and to be contacted by NFP:  Yes No  Referring Agency/Practice Information  Referring Staff Name:  Agency/Practice Name, Facility or Division:	Name:  Address:  Home Phone #:  # of Weeks Pregnant:  Additional Contact Person:  Patient agrees to provide the information above regarding her pregnancy and to be contacted by NFP:  Yes No  Referring Agency/Practice Information  Referring Staff Name:  Agency/Practice Name, Facility or Division:	Name:  Address:  Home Phone #:  # of Weeks Pregnant:  Additional Contact Person:  Patient agrees to provide the information above regarding her pregnancy and to be contacted by NFP:  Yes No  Referring Agency/Practice Information  Referring Staff Name:  Agency/Practice Name, Facility or Division:	Name:  Address:  Home Phone #:  # of Weeks Pregnant:  LMP:  Expected Delivery Date:  Speaks English  Additional Contact Person:  Relationship to Patient/Client:  Contact's Home Phone #  Patient agrees to provide the information above regarding her pregnancy and to be contacted by NFP:  Yes  No  Referring Agency/Practice Information  Referring Staff Name:  Titl  Agency/Practice Name, Facility or Division:	Name:  Address:  Home Phone #:  # of Weeks Pregnant:  LMP:  Expected Delivery Date:  Speaks English?  Yes  Additional Contact Person:  Relationship to Patient/Client:  Contact's Home Phone #:  Work Ph  Patient agrees to provide the information above regarding her pregnancy and to be contacted by NFP:  Yes  No  Referring Agency/Practice Information  Referring Staff Name:  Title:  Agency/Practice Name, Facility or Division:	Name:  Address:	Name:  Address:  Home Phone #:  # of Weeks Pregnant:  # of Weeks Pregnant:    LMP:   Expected Delivery Date:   Speaks English?   Yes No   Preferrer	Name:  Address:  Apt: Zip:  Home Phone #: Cell Phone #: Email Address:  # of Weeks Pregnant: LMP: Expected Delivery Date: Speaks English? Yes No Preferred Langu  Additional Contact Person: Relationship to Patient/Client: Contact's Home Phone #: Work Phone #: Cell  Patient agrees to provide the information above regarding her pregnancy and to be contacted by NFP:  Yes No  Referring Agency/Practice Information  Referring Staff Name: Title:  Agency/Practice Name, Facility or Division:

Please see reverse side for ZIP code eligibility, and mail or fax form to the indicated NYC Nurse-Family Partnership location.





# NYC NURSE-FAMILY PARTNERSHIP PROGRAM LOCATIONS

## Bronx

Visiting Nurse Service of New York

**Address:** 1200 Waters Place, Bronx, NY 10461 **Phone:** 718-536-3789 **Fax:** 718-678-8424

Serving: All Bronx ZIP codes

## **Brooklyn**

SCO Family of Services

Address: 774 Saratoga Avenue, 2nd Fl., Brooklyn, NY 11212

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

**Serving**: Bedford-Stuyvesant (11203, 05, 06, 13, 16, 21, 33)

Bushwick (11206, 21, 37) Brownsville (11212, 33)

Downtown Brooklyn, Clinton Hill,

Fort Greene & Boerum Hill (11201, 05, 17)

East Flatbush (11203, 26) East New York (11207, 08)

#### Queens

NYC Department of Health and Mental Hygiene

NFP Jamaica (Eastern Queens)

Address: 90-27 Parsons Blvd., 1st Fl., Jamaica, NY 11432

Phone: 718-480-2222 Fax: 718-291-1974

Serving: Corona, Elmhurst (11368 [partial], 73)

Jamaica Estates (11423, 27, 32, 35)

Jamaica & Hollis (11411, 12, 28, 29, 33, 34, 36)

Queens Village (11411, 27, 28, 29, 34)

Public Health Solutions (Northern Queens)

Address: 103-24 Roosevelt Avenue, 2nd Fl., Corona, NY 11368

Phone: 347-571-2792 Fax: 347-571-2797

Serving: Astoria, LIC, Queensbridge, Ditmars, Ravenswood,

Steinway, Garden Bay & Woodside (11102, 03, 05, 06) Jackson Heights, East Elmhurst & North Corona (11368

[partial], 69, 11370, 72)

Long Island City, Woodside & Sunnyside 11101, 04, 09,

11377, 78)

Far Rockaway (11691, 92, 94, 97, 11096 [partial])

### Manhattan

Harlem Hospital Center

Address: 15 West 136th Street, Room 617, New York, NY 10037

Phone: 212-939-8500 Fax: 212-939-8259 Serving: Central Harlem (10026, 27, 30, 37, 39)

> East Harlem (10029, 35, 37) Manhattanville (10025, 27, 31)

Washington Heights (10032, 33, 34, 40)

## Staten Island

Richmond Home Need Services, Inc.

Address: 358 St. Mark's Place, Staten Island, NY 10301

Phone: 718-313-1800 Fax: 718-816-5121

**Serving:** Staten Island North Shore

(10301, 02, 03, 04, 05, 10, 14)

## Foster Care / Shelters / Correctional Facilities

NYC Department of Health and Mental Hygiene

Targeted Citywide Initiative

Address: 160 W. 100th St., Suite 213, New York, NY 10025

Phone: 646-364-072*5*/6 **Fax**: 646-364-0781

**Serving:** Teens in foster care; women and teens in

shelters; women currently or formerly incarcerated; teens involved in the juvenile

justice system

#### Nassau

Visiting Nurse Service of New York

Address: 375 N. Broadway, Ste. 101, Jericho, NY 11753

Phone: 516-942-4580 Fax: 516-281-8232 Serving: Hicksville & Westbury (11590, 11801)

Freeport, Roosevelt, Uniondale & Hempstead

(11520, 50, 53, 75)

Elmont (11003); Glen Cove (11542) Inwood (11096); Long Beach (11561)