

Referrals to NFP Program



REFERRAL INFORMATION:

◆ First Name			◆ Last Name		
◆ Date of Birth		EDD			
Primary Language					
Address					
◆ Zip Code					
Email					
Work Phone		Home Phone		◆ Cell Phone	

☐ Declined to provide cell phone #

REFERRAL SOURCE:

◆ Date of Referral	
Primary Source Name	
Location & phone	
Secondary Source Name	
Location & phone	

FOLLOW-UP NHV

CONTACT LOG

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PRE-ENROLLMENT REASON

- ☐ Agency is at Expected Capacity
- ☐ Agency is at Funded Capacity
- ☐ Awaiting confirmation of eligibility
- ☐ Awaiting enrollment
- ☐ Awaiting outreach
- ☐ Client preference for language
- ☐ Client requested delay
- ☐ Insufficient information
- ☐ Transfer

◆ Referral Source Code (Mark primary source)

- ☐ Adult healthcare provider or clinic (NOT obstetrical care provider)
- ☐ Billboard
- ☐ Broadcast (TV, radio)
- ☐ Child Welfare Services
- ☐ Community Event
- ☐ Developmental disability services
- ☐ Food Stamps
- ☐ Health plan
- ☐ Hospital (ER, Inpatient or other hospital services not clinics or providers)
- ☐ Judicial System
- ☐ Medicaid
- ☐ Mental Health treatment services
- ☐ News media article or show
- ☐ NFP Client (current or past)
- ☐ NSO
- ☐ Obstetrical healthcare provider or clinic
- ☐ Online
- ☐ Other (none of the above)
- ☐ Other home visiting program
- ☐ Outreach worker
- ☐ Pediatric healthcare provider or clinic
- ☐ Pregnancy Testing Clinic (NOT obstetrical care provider)
- ☐ Public sign
- ☐ School
- ☐ Substance use treatment provider or clinic
- ☐ TANF
- ☐ Unknown
- ☐ WIC

◆ REFERRAL DISPOSITION CODE (DISMISSAL REASON)

- ☐ Already enrolled in another program
- ☐ Did not meet local criteria
- ☐ Did not meet NFP criteria
- ☐ Enrolled in NFP, Consent Signed
- ☐ Insufficient Referral Information
- ☐ Miscarried/fetal death
- ☐ Program full
- ☐ Refused participation
- ☐ Unable to locate
- ☐ Unable to serve client due to language