



CDH Nurse-Family Partnership (NFP) Referral Form

Client Name: _____ DOB: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Due Date: _____ Primary Language: _____ Interpretation Services Needed? Y/N

Referring Organization: _____ Contact Person: _____

Phone Number: _____ E-Mail: _____

I give permission for someone with the Central District Health Department Nurse-Family Partnership Program to contact me via phone, text, or e-mail to learn more about the program.

Client Signature: _____ Date: _____

(OR) I have obtained verbal consent from the client listed above to share their information with CDH Nurse-Family Partnership and they have agreed to be contacted to learn more about enrolling.

Signature of Person Making Referral: _____ Date: _____

Please fax completed form to (208)327-7010 or e-mail to NFP@cdh.idaho.gov

Questions? Please feel free to contact CDH Nurse-Family Partnership RN Program Manager, Liann Somerville, at (208)921-3879 or lsomerville@cdh.idaho.gov for assistance.

CDH Nurse-Family Partnership Eligibility Criteria:

- Pregnant
- Less than 29 weeks gestation (the earlier, the better!)
- First-time parent
- Low-income (qualified for and/or enrolled in Medicaid or WIC)
- Resident of Ada County