



Referring Party Name: _____ Agency: _____

Address: _____ Telephone #: _____



Dear Expectant Mother,

Nurse-Family Partnership is a program that helps first-time mothers develop skills to take better care of themselves and their babies. If you choose to participate in this program you will have your own specially trained Registered Nurse who will visit you in your home (or place that you both agree) during pregnancy and throughout the first two years of your child's life.

You are eligible for Nurse-Family Partnership if you are:

- Expecting to deliver and parent for the first time.
- Less than 6 months pregnant
- Low income and eligible for Medi-Cal or WIC
- Live in Kern County

This program will help you learn:

- How to have a healthy pregnancy
- How to care for your newborn
- Parenting skills
- How to live a healthy life with your baby
- Assistance with community referrals

If you would like to learn more about Nurse-Family Partnership, please complete the information below. By signing below, you agree to have a nurse contact you at the contact info provided.

Name _____ Birthdate _____ Is your family aware of pregnancy? Yes / No

Address _____

Phone _____ OK to Text: Yes / No Due Date _____

If NFP program is full, OK to send this referral to:

Perinatal Outreach Program (POP) Yes / No

Black Infant Health (BIH) Yes / No

Signature _____

Date _____

Office Use Only
Disposition
Code: