

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

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 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

◆ 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