



Boulder County Nurse-Family Partnership Referral

3482 Broadway · Boulder, CO 80304
 Phone: 303.413.7554 · Fax: 303.413.7505



Referral Criteria *(Please refer as early as possible in pregnancy)*

- Expecting first baby
- Currently have low income
- Start of Pregnancy at Age 20 or older *(Refer to Genesis Program 303.413.7529 if under 20 years old)*

Referral Date: ____/____/____

Last Name: _____ First Name: _____

Street Address: _____ Apt/Unit No. _____

City: Boulder Lafayette Longmont Louisville Other _____
(select one)

Zip Code: _____ - _____ Telephone: (____) _____ - _____

Birth Date: ____/____/____ Estimated Due Date: ____/____/____

Spoken Languages: English Spanish Other _____

Prenatal Care Provider: _____

NAME

AGENCY

Comments:

Referred by: _____
NAME AGENCY PHONE W/EXT. FAX

NFP Use Only - NFP Contact Record

Home Visitor: _____

Date	Type of Contact				Comments
	Direct	Indirect	Telephone	Attempted Visit	
Referral Source contacted to inform of final status of referral.					
Date:	Person contacted:			<input type="checkbox"/> letter	<input type="checkbox"/> phone <input type="checkbox"/> voicemail

Efforts to Outcomes/ETO Referral and Disposition

- Already enrolled in another program
- Did not meet local criteria
- Did not meet NFP criteria
- Enrolled in NFP
- Program full
- Refused participation
- Unable to locate
- Unable to serve due to language