**Alabama Coordinated Health Network**

**Nurse-Family Partnership (NFP) Referral Form**

To qualify for Nurse-Family Partnership (NFP) program and be eligible for Medicaid reimbursement services, a woman must:

* Be enrolled by the end of the 28th week of pregnancy \*\*
* Be a first time mother (no previous live births) \*\*
* Be actively eligible for Medicaid
* Live in the counties of service where NFP is provided

***\*\*Note:*** *EI’s living in Walker, Winston, Fayette, Marion, Lamar, Shelby, and Bibb counties are eligible for NFP regardless of number of births or weeks pregnant.*

**ACHN Instructions:** The ACHN should complete Part 1 and Part 2 of the form and then email or fax to the appropriate NFP site. NFP contact information is listed at the bottom of this referral form.

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| **PART 1 – Referring PCCM-E’s Information** |
| Referring PCCM-E Name | Click or tap here to enter text. | Date of Referral | Click or tap to enter a date. |
| PCCM-E NPI Number | Click or tap here to enter text. |  |  |
| Referring Staff Name | Click or tap here to enter text. | Staff Title:  | Click or tap here to enter text. |
| Staff Phone Number:  | Click or tap here to enter text. | Staff Email:  | Click or tap here to enter text. |
| **PART 2 – Medicaid Eligible Individual (EI) Information** |
| Last Name: | Click or tap here to enter text. | First Name: | First Name  |
| Medicaid Number: | Medicaid ID  | Date of Birth: | Date of Birth  |
| Address:  | Street Address  | City  | County | Zip  |
| Telephone Number:  | Telephone Number  | Is this their first baby? | [ ]  | Yes |  | [ ]  | No |
| # of weeks Pregnant (as of referral date):  | # |  | Risk Status | [ ]  | High |[ ]  Low |
| Expected Delivery Date | Date. |  | Chosen DHCP | DHCP Name. |
| **PART 3 – To Be Completed by the Nurse-Family Partnership Site** |
| Disposition of Referral:  |  |  |
|[ ]  1. Enrolled in NFP Program
 | Date of Enrollment:  | Click or tap to enter a date. |
|[ ]  1. Ineligible
 | Reason:  |[ ]  >28 weeks pregnant  |[ ]  Previous Live Birth  |
|  |  |  |[ ]  Unable to Locate |[ ]  Other, Specify in Comments  |
|[ ]  1. Refused to Participate
 | Reason Provided:  | Click or tap here to enter text. |
| Comments:  |  |

**NFP Contact Information:**

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|  | **AlaHealth NFP** | **UAB School of Nursing** | **Easterseals West Alabama** | **Gift of Life Foundation** |
| **Counties Served** | Lauderdale, Colbert, Franklin, Lawrence, Limestone, Madison, Morgan | Jefferson, Walker, Winston, Fayette, Marion, Lamar, Shelby, Bibb | Tuscaloosa | Montgomery, Chilton, Elmore, Lee, Macon, Russell, Autauga, Pike |
| **Contact Info** | NFP@alahealth.com Fax: 205-220-0225Phone: 855-288-8192 | nfpca@uabmc.edu fax: 205-996-6585phone: 205-597-3741 | eswa@eswaweb.orgFax:  205-722-1009Phone: 205-759-1211 | Referrals@golfound.orgFax: 334-272-4614Phone: 334-801-9124 |