**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](mailto:NFP@alahealth.com)  Fax: 205-220-0225  Phone: 855-288-8192 | [nfpca@uabmc.edu](mailto:nfpca@uabmc.edu)  fax: 205-996-6585  phone: 205-597-3741 | [eswa@eswaweb.org](mailto:eswa@eswaweb.org)  Fax:  205-722-1009  Phone: 205-759-1211 | [Referrals@golfound.org](mailto:Referrals@golfound.org)  Fax: 334-272-4614  Phone: 334-801-9124 |