



TARRANT COUNTY PUBLIC HEALTH


Family Health Services

Nurse-Family Partnership Referral Form

Eligibility Criteria

- First-time expectant parent
- Less than 28 weeks pregnant and impacted by socioeconomic or health risk factors
- Resident of Tarrant County

How To Refer A Client

Referring Agency Submission	Self-Referral Options
Email: NFP@tarrantcountytx.gov Fax: 817-850-2307 Website: www.tarrantcountytx.gov/nfp	Phone: 817-413-6320, ext. 8401 Text: 817-413-6316 Email: NFP@tarrantcountytx.gov QR Code: 

Referring Agency Information

Date of Referral: _____ Referring Agency: _____
 Agency Point of Contact: _____
 Point of Contact Phone Number: _____
 Point of Contact Email: _____

Referral Information

Referral Name: _____
 DOB: _____ Address: _____ City: _____
 ZIP Code: _____ County: _____ Primary Language: _____
 Email: _____ Estimated Due Date: _____
 Weeks Pregnant: _____ Primary Phone Number: _____
 Alternate Phone Number: _____ Best Time to Call: _____
 Is it OK for NFP to text this number? Yes No

Consent

By signing below, I agree to be referred to the NFP program. I authorize NFP to share the outcome of my enrollment with the referring agency.

Referral Signature

Printed Name

Date