



Public Health
Prevent. Promote. Protect.
Panhandle Health District

Panhandle Health District

Healthy People in Healthy Communities

Nurse-Family Partnership / Parents As Teachers FAX Referral Consent Form

To: NFP/PAT	From: _____
Phone: 208-415-5298	Office: _____
FAX: 208-772-3253	Phone: _____
E-mail: hvprograms@phd1.idaho.gov	FAX: _____

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Nurse-Family Partnership

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Parents as Teachers

Name: _____ Your Date of Birth: _____

Race: _____ Ethnicity: (check one) Hispanic/Latino Non-Hispanic/Latino

Address _____ City _____ Zip _____

Phone# _____ Best time to call or text _____

of Children: _____ Name(s): _____ Date(s) of birth: _____

If Pregnant Estimated Due Date: _____

Medicaid ID#: _____ (if applicable) | Your Last 4 of SSN: _____

I hereby authorize the release of my name and information to Nurse-Family Partnership / Parents As Teachers program at Panhandle Health District, who may contact me via phone or text (SMS text messaging is not encrypted).

Signature _____

Date _____

Eligibility to enroll in Nurse-Family Partnership.

- Less than 29 weeks pregnant.
- First-time pregnant individual.
- Low-income (WIC/Medicaid eligible) or less than 300% of federal poverty level

Parents as Teachers is open to all families with children prenatal to age 4. There are no other eligibility criteria.

