

15 Public Square, Suite 600  
Wilkes-Barre, PA 18701-1700



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**Referral for Services**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_

DOB: \_\_\_\_\_ DUE DATE: \_\_\_\_\_

First Pregnancy: \_\_\_ yes \_\_\_ no

WIC eligible: \_\_\_ yes \_\_\_ no \_\_\_ unknown

Medical Assistance: \_\_\_ yes \_\_\_ no \_\_\_ applied

Enrolled in Healthy Beginnings: \_\_\_ yes \_\_\_ no \_\_\_ unknown

Is Family Aware of Pregnancy? \_\_\_ yes \_\_\_ no

***Please send this referral to the Nurse Family Partnership, a program of Maternal and Family Health Services***

Email – [LLauri@MFHS.ORG](mailto:LLauri@MFHS.ORG)

Luzerne County

Email – [AnnMarie@MFHS.ORG](mailto:AnnMarie@MFHS.ORG)

Lackawanna/Susquehanna/Wayne County

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Nurse Family Partnership may contact me by  phone or  text message by phone.

\_\_\_\_\_  
Prospective Client's Signature

\_\_\_\_\_  
Date