



Client Referral Form

Program Highlights

- Weekly – Biweekly visits in Your Home
 - Beginning early in your pregnancy & continuing until your child’s 2nd birthday
- A Registered Nurse will provide information on the following topics:
 - POSITIVE parenting education
 - Self care and baby care
 - Building a strong support network
 - Childproofing and safety education
 - Life skills – including education, job training, childcare
 - Help with obtaining Medicaid for you and your baby
 - Setting and achieving **YOUR** goals for the future!!!

Enrollment Criteria

| | | |
|---|-----|----|
| Is this your 1 st baby? | YES | NO |
| Are you less than 28 weeks? | YES | NO |
| Are you at 185% of the Federal Poverty level? | YES | NO |
| Do you live in Dallas County? | YES | NO |

Date: _____ *** Estimated Due Date: _____

Client Name _____ DOB _____

Address _____

City _____ Zip Code _____

Phone _____ Alternate Phone _____

Referring Agency _____ Contact Info _____

Additional Information as needed _____

To refer to NFP:

Fax this form to (214) 584-2332

Email this form to nfp@wingsdallas.org

Call (214) 584-2322 or (214) 325-0110

Submit online at <https://wingsdallas.org/for-women/my-first-baby/>

For more information, visit www.wingsdallas.org