

Serving first time parents in Big Stone, Chippewa,
Douglas, Grant, Kandiyohi, Lac qui Parle, Lincoln,
Lyon, McLeod, Meeker, Murray, Pipestone, Pope,
Redwood, Renville, Rock, Stevens, Swift, Traverse and
Yellow Medicine Counties

Visit our website: www.shnfp.org



Referral Requirements: (must meet all three criteria)										Fax, call, or send referrals to:			
Lives in a participating county?				YES		NO		Katie Jensen, RN, PHN 10 E. Highway 28 Morris, MN 56267 Phone: 320-287-2585 Fax: 320-589-7433 katie.jensen@shnfp.org					
First Time Mother before 28 weeks gestation?				YES		NO							
Low income? (includes: MA, MFIP, WIC eligible)													
Enrolled in Medical Assistance		YES		NO		Referred							
Enrolled in WIC Program				YES		NO							
Family Income: (if not participating in WIC or MA)				\$									

Client Name:				Birth Date:			
Address:				Cell phone:			
				Home phone:			
				Best time to call: _____ am _____ pm _____ Morning _____ Afternoon _____ Evening			
Email Address:				Other phone: Who?:			
OK to mail information? Y N		OK to leave a message? Y N					
Physician:			Due Date:		Weeks gestation:		
Health Care Coverage:							
Marital Status:			Lives with:				
Emergency Contact Person:				Relationship to client:			
Reason for Referral / Relevant Data:							
Referring Agency:				Phone #:			
Referring Person:				Date:			