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

## Supporting Hands



Referral Requirements: (must meet all three criteria)						Fax, call, or send referrals to:	
Lives in a participating county?				NO		Katie Jensen, RN, PHN	
First Time Mother before 28 weeks gestation?				NO		10 E. Highway 28	
Low income? (includes: MA, MFIP, WIC eligible)  Morris, MN 56267							
Enrolled in Medical Assistance YES	NO		Refe	rred		Phone: 320-287-2585 Fax: 320-589-7433	
Enrolled in WIC Program				NO		katie.jensen@shnfp.org	
Family Income: (if not participating in WI	A) \$						
Client Name:				Birth Date:			
Address:					Cell phone:		
					Home phone:		
					Best time to call: ampm		
Email Address:					Morning AfternoonEvening		
OK to mail  Information? Y N a message? Y N					Other phone: Who?:		
Physician:		EDC:				Weeks gestation:	
Health Care Coverage:							
Marital Status: Lives with:				D 1	· ·		
Emergency Contact Person: Relationship to client:  Reason for Referral / Relevant Data:							
,							
Referring Agency:				P	Phone #:		
Referring Person:				D	Date:		