

**Friends of New York City Nurse-Family Partnership
Heart's Desire Fund / Emergency Relief
(Jan 2022, please use until the updated application is complete)
Nurse Recommendation Form
Please send to heartdesire@friendsofnycnfp.org**

Client Name: _____

For internal use only: Client ID _____

Nurse Name: _____ Team # _____
Nurse Email: _____ Nurse Cell Phone Number: _____
Supervisor Name: _____ Supervisor Cell Number: _____
Supervisor Email: _____

NURSE RECOMMENDATION

All Heart's Desire Fund applications must be accompanied by a recommendation letter from you **on this form so that we have the above identifying information**. Please describe what you know about this client's needs, why you believe she is worthy of our support and what evidence you have seen that she is likely to follow through with her plans. If you need extra space, please write on the back of this page.

For reasons of confidentiality, please do not use the client name below. Just say CLIENT. You also needn't disclose any private client health information that they haven't included in their essay. We will remove the name above and replace it with a code when sharing with our review team and we will remove any private health information.

Nurse Signature: _____ Date: _____