

**Friends of New York City Nurse-Family Partnership
Heart's Desire Fund / Emergency Relief
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 applications must be accompanied by a recommendation letter from you **on this form**. For the Heart's Desire Fund please describe what great things the client has been doing and why she is a great candidate for an award. For the emergency fund, please BRIEFLY describe the need and what resources were exhausted. Save the PDF and share with your client so they can attach it to their application. We will NOT accept applications for review without a nurse recommendation.

For reasons of confidentiality, please do not use the client name below, use CLIENT. You 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: _____