



9607 102 Street  
Grande Prairie, Alberta  
T8V 2T8  
Telephone: 780-830-0920  
Fax: 780-830-0921

## Referral Form

Please use the FRN Universal Referral form for Healthy Families Home Visitation and Parent Education and Caregiver Support

Serving (Please select a location):

- Grande Prairie   
  County of Grande Prairie   
  Beaverlodge   
  Hythe   
  Rycroft  
 Saddle Hills County   
 Sexsmith   
 Spirit River   
 Spirit River No.133   
 Wembley   
 Birch Hills County

Date: \_\_\_\_\_

Email address: _____	Initial if you consent to receive emails: _____
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**Individual is aware of referral and has agreed to be contacted by a service provider**

Name: _____	DOB: _____
Gender: _____	_____
Identification: _____	_____
Address: _____	Contact # _____
Community: _____	Postal Code: _____
Child's Name: _____	Text Only? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Name: _____	DOB: _____
Child's Name: _____	DOB: _____
Child's Name: _____	DOB: _____
Child's Name: _____	DOB: _____

### SERVICES

#### Literacy

- Skills for Learning   
  Learner Support Services   
  Reading/Writing/Document Use  
 Family Literacy programming

#### Child and Youth Programming

- Empathy Project   
  Rainbows   
  Roots of Empathy

#### FASD Supports

- FASD Navigator   
  FASD Youth and Adult Supports   
  FASD Family Supports  
 PCAP- Parent and Child Assistance program

Other Referrals already made:

\_\_\_\_\_

\_\_\_\_\_

**To be completed in full by the referral source**

Referral completed  
by (print name): \_\_\_\_\_  
Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Individual/ Family Strengths

Reason for this referral

Additional Information/ recommendations that may help determine the best supports for this individual/ family:

**Please fax the completed referral to Grande Prairie Family Education Society: Fax: 780.830.0921**  
**9607 102 Street**  
**Grande Prairie, Alberta**  
**T8V 2T8**  
**Telephone: 780-830-0920**

**For Office Use Only:**

First date of contact: \_\_\_\_\_ Staff Assigned: \_\_\_\_\_  
Updated referral source: Yes      No  
Dates and times of attempted contact:  
Referral Status of our services: Accepted  Declined  Unable to contact  Refused   
Does not meet criteria, referred to:  
Referral Status of community services: Accepted  Declined  Unable to contact  Refused   
Date for follow up call: