



Grande Prairie and Area Family Resource Network Referral Form

Grande Prairie and Area
Family Resource Network



Services are provided in Beaverlodge, Grande Prairie, County of Grande Prairie No. 1, Hythe, Rycroft, Saddle Hills County, Sexsmith, Spirit River, Spirit River No. 133, Wembley, and Birch Hills County. All programs are confidential and free of charge.

Date: _____

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

Individual is aware of referral and has agreed to be contacted by a service provider

Caregiver Name: _____ DOB: _____

Email: _____ Initial if you consent to receive emails _____

Address: _____ Phone # _____

Community: _____ Postal Code: _____ Able to receive texts?
 Yes No

Please include ALL children in household:

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

SERVICES AVAILABLE – PLEASE CHOOSE PROGRAM THAT BEST SUITS THE SITUATION

In-home Visitation Program (participants can access ONE In-home visitation program at a time):

- Centre for Young Parents -Home Visitation** –Provides support to anyone under the age of 20 who may become pregnant, are pregnant, or are parenting.
- YMCA of Northern Alberta- Family Connect** – Provides support for families with children and youth aged 7-18 yrs. Supports include in- home visitation, parenting advice and coaching.
- Grande Prairie Family Education Society - Healthy Families-** Provides home visitation supports to families with children pre-birth to 6 years of age. Including positive parenting, healthy development, and building family well-being and resiliency.

Navigation and Outreach:

- FRN- Family Navigator-** Provides supports to families with children of all ages through advocacy, outreach, navigating systems and connecting to supports and services. Tracking healthy development and completing developmental screens.
- Native Counselling Services of Alberta -Navigator- Wâhkômiwêw** Grounded in an Indigenous worldview, provides supports to families with children and youth aged 7-17 yrs. Support to navigate systems and access services, address issues of historic trauma, mentorship, access to Elders and ceremonies to strengthen connections to family, community and culture.

Programs:

- Parent Education and Caregivers Support Programs** – Caregiver Education and programs focusing on child development, asset building, positive parenting strategies, and strengthening family bonds.

Have received services from a Family Resource Network previously: FRN # _____

Other supports or programs currently receiving - Please identify:

To be completed IN FULL by the referral source

Referral completed by (print) _____
Agency: _____ Date: _____
Phone: _____ Fax: _____
Email: _____

Reason for this referral (how can this family benefit from our support?)

- Enhance parental resilience (supported referral, advocacy, navigating systems)
- Develop social and cultural connections (Connection to family, community and Indigenous culture and ceremony)
- Build Knowledge of parenting and child development (Ages & Stages, Ages & Stages Social Emotional. Parent Education: Circle of Security, Active Parenting, Parenting Young Youth, Love and Logic etc.)
- Opportunities related to child and youth development
- Strengthening relationships within the family
- Access to concrete supports in times of need
- Home Visitation (Home visitation and or In-Home Support)
- Rural service support

Other Referrals already made:

Additional Information/ recommendations that may help determine the best supports for this family
(Please do not leave blank):

**Please forward the completed referral to Grande Prairie Family Education Society:
Fax: 780.830.0921 Email: hubcoordinator@gpfes.com
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: _____