



9607 102 Street
 Grande Prairie, Alberta T8V 2T8
 Phone: 780-830-0843
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REFERRAL FORM: FASD Family Support Program

Caregiver Name: _____ Caregiver DOB (mm/dd/yr): _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone #: _____ Is this a cell: _____ Can you receive texts: _____

Referral Date: _____

Name of Child: _____ DOB (mm/dd/yr): _____

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Name of Child: _____ DOB (mm/dd/yr): _____

Person Making Reference: _____ Phone #: _____

Referring Agency: _____

Child's ethnicity (for data collection purposes only):

Indigenous Metis Inuit Caucasian Canadian Citizen

Permanent/Temporary Resident/Refugee New Immigrant (less than 3 years in Canada)

Unknown Prefer to not disclose

Where did you hear about us? Trade Fair Presentation Social Media Group
 Community agency Friend or family

other: _____

Reason/s for Referral

	Caregiver	Other
Please identify relationship of caregiver: biological, grandparent, foster, adoptive parent		
Behavioural concerns for the child/Child temperament		
Developmental concerns for the child/Child's special needs or mental health		
Mother indicates use of drug or alcohol use during pregnancy		

Child younger than 4 years of age		
Sexual Minority Youth		
Parental depression or other mental health disorders		
Substance abuse		
Own history of abuse		
Caregiver's belief in corporal punishment		
Caregiver's poor understanding of child development		
Young parental age (current age)		
Social isolation/transiency		
Family violence		
Poverty/unemployment		
Low parental involvement from main caretaker or child neglect		
Harsh discipline		
Violence in the community		
Drug trafficking		
Poor housing		
Lack of access to services		
Interested in Caregiver Support		
Other		

Are there any **safety issues** in the home that worker should be aware of? If yes, please identify the safety issues:

Are you aware of any Developmental Screens/Assessments done on the child: Yes No

If so which ones:

Additional Information or Comments:

I, _____ understand the information on this form and consent to the sharing of this information with the FASD Family Support Program, Grande Prairie Family Education Society.

Client Signature:

Consent via phone if client is not present

Signature of person referring:

Date:

Please send completed referral document(s) to:

FAX: 780-830-0921

EMAIL: fasdteamlead@gpfes.com