



9607 102 Street
 Grande Prairie, Alberta T8V 2T8
 Phone: 780-830-0843/780-830-0920
 Fax: 780-830-0921

REFERRAL FORM: FASD Youth and Adult Supports

FASD Youth and Adult Supports and Services: individuals affected by FASD from birth to death who require support services, families/caregivers of children with FASD. (in the program clients must be 13 years and up)

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Phone #: _____ Referral Date: _____

Caregiver Name (if applicable): _____

Relationship to the Individual: Birth Parent Adoptive Parent Foster parents Other

Person Making Referral: _____ Phone #: _____

Referring Agency: _____

Ethnicity (for data collection purposes only): Indigenous New immigrant (less than 3 years in Canada)

Where did you hear about us? Trade Fair Presentation Social Media

Group class/program Community agency Friend or family

other: _____

Reason/s for Referral

Behavioural concerns for the Individual	
Developmental concerns for the individual	
Mother indicates use of drug or alcohol use during pregnancy	
Substance abuse	
Justice	
Family violence	
Poverty/unemployment	
Health	
Mental Health	
Drug trafficking	

Poor housing	
Lack of access to services	
Other	

Is the individual suspected of FASD? YES No

Is there an official FASD Diagnosis? YES No

If yes, please indicate the date of the diagnosis and who completed the diagnosis?

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 Assessments done on the individual: YES No

If YES which ones?

Additional Information or Comments:

Other Agencies and contact information involved:

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

Client Signature:

Consent via phone if client is not present

Signature of person referring:

Date:
