



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
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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: