



Date:

Referral For:

Name:

Address: City:

Postal Code: Phone Number: Alternate Phone:

Referral Source: Name: Organization: Contact #:

Family/Person is Aware of and Has Agreed To Be Contacted By CAFCL

Yes No

Family/Person is Prenatal or Parenting a Child 0-5

Yes No

Family/Person has a Child 6-18 years of

Yes No

Reasons for Referral (This family could benefit from help or support regarding):

- Community Navigation - Knowledge of supports/services available within the community
- Work in partnership with families to support positive family dynamics, reduce stress and promote protective factors.
- Transition to adulthood
- Summer Camp Programs (7-14) and or (15-20) and or Rural Camp Opportunities
- FSCD applications

Additional Information:

Child or Youth Information (0-18 Years of Age):

Child's Name: _____, Age: _____

Childs Name: _____, Age: _____

Childs Name: _____, Age: _____



Additional Information

Office Use Only

Intake Worker: First Contacted Date:

Home Visit Booked: Mentor Assigned:

Updated Referral Source? Yes No

Dates and Times of Attempted Contact:

Does Not Meet Criteria, Referred To:

Referral Status: Accepted Declined Unable to Contact Moved Refused

Notified Referral Source:

Provide Referral to:

Camrose Association for Community Living—Family Support

Fax: 780-672-7484 Phone: 780-672-0257

familysupport@cafcl.org