Date: yyyy-mm-dd

Referral For:

Name: ______ Date of birth: yyyy-mm-dd

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 a Healthy Families Facilitator Yes ☐ No ☐

Family/Person is **prenatal** or **parenting a child 0-5** (age criteria, prenatal to 6th birthday) Yes ☐ No ☐

Has the person being referred been involved in any home visitation programs previously? Yes ☐ No ☐

Does the Family/Person have an existing FRN ID # (Family Resource Network) #______

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

- ☐ Building foundations for strong family functioning
- ☐ Fostering the growth of secure attachment relationships and developmentally enriched, empathic parenting
- ☐ Promoting healthy childhood growth and development
- ☐ Support for prenatal care and it's role in a healthy pregnancy
- ☐ Support families to reduce their stress and build protective buffers for their children
- ☐ Support in response to substance use during pregnancy

Factors present:

______

Prenatal Referral:

Expected Delivery Date: yyyy-mm-dd Doctor / Pediatrician Name: ______

Gestation (# of Weeks): ______ Clinic Attending: ______

Postnatal Referral (0-5 Years of Age):

Child's Name: ______ Date of Birth: yyyy-mm-dd Age: ______

______ Date of Birth: yyyy-mm-dd Age: ______

______ Date of Birth: yyyy-mm-dd Age: ______

______ Date of Birth: yyyy-mm-dd Age: ______

______ Date of Birth: yyyy-mm-dd Age: ______

Connected to Other Services: ______

______

______

Additional Information:

Office Use Only

Intake Worker: First Contacted Date:

Home Visit Booked: yyyy-mm-dd 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 Appropriate Site

City & County of Camrose
Fax: 780-672-7484 Phone: 780-672-0257
camrosereferral@cafcl.org

Beaver County (Tofield)
Send to Camrose at this time
Fax: 780-672-7484 Phone: 780-672-0257
camrosereferral@cafcl.org

Town & MD of Wainwright
Fax: 780-842-5783 Phone: 780-842-5481
wainwrightreferral@cafcl.org

Town & MD of Provost
Fax: 780-753-2788 Phone: 780-753-2289
provostreferral@cafcl.org

Flagstaff County
Fax: 780-385-3667 Phone: 780-385-3976 Cell: 780-385-8501
flagstaffreferral@cafcl.org

Bashaw and Area
Phone: 780-372-4074 Cell: 780-679-8066
alyle@cafcl.org