



Healthy Families Healthy Futures Society

#204, 10619 100 Avenue
Westlock, AB T7P 2J4

Referral Form

Name: _____ DOB: _____

Address: _____ Contact #: _____

Community: _____ Postal Code: _____ Text Only? Yes No

Individual is aware of and has agreed to be contacted by Healthy Families Healthy Futures

Name of Guardian (if applicable) _____

Signature _____ Contact # _____

Healthy Families Healthy Futures is dedicated to making a difference in the communities we serve. All services are confidential and free to access. Please indicate below which service is of interest and we will contact the individual to determine which program will be the best fit.

Home Visitation – One-to-one parenting strategies for parents-to-be and caregivers with children aged 0 – 6 yrs. *Services provided in Athabasca, Calling Lake, Lac La Biche, Smoky Lake, Thorhild, Westlock, Lac Ste. Anne County, Mayerthorpe, Whitecourt, Swan Hills, Fort Assiniboine, Barrhead, and surrounding areas.*

Parent Child Assistance Program (PCAP) – Serving individuals of child-bearing years who use(d) drugs and/or alcohol during pregnancy or have children prenatally exposed to drugs and/or alcohol. Mentors provide extensive, practical assistance and long-term emotional support for women making fundamental changes in their lives *This service is provided in Athabasca, Barrhead, Calling Lake, Lac Ste. Anne County, Swan Hills, Westlock, Whitecourt, Woodlands County, and surrounding areas*

FASD – Mentorship for those who may be prenatally exposed to drugs and/or alcohol, possibly resulting in Fetal Alcohol Spectrum Disorder. *Services provided in Athabasca, Barrhead, Calling Lake, Lac Ste. Anne County, Swan Hills, Westlock, Whitecourt, Woodlands County, and surrounding areas*

Thrive – One-to-one support for those experiencing relationship abuse. We provide information on different types of abuse, practical safety and action plans, and connections to community services. *Look for us in Athabasca, Westlock and surrounding areas.*

To be completed in full by the referral source

Referral completed by (print) _____

Agency: _____ Date: _____

Phone: _____ Fax: _____

Email: _____

Additional information that may be helpful in determining the best supports for this individual:

- | | |
|---|---|
| <input type="checkbox"/> Current/past substance abuse | <input type="checkbox"/> Current pregnancy |
| <input type="checkbox"/> Suspected/diagnosed Fetal Alcohol Spectrum Disorder (FASD) | <input type="checkbox"/> New baby at home |
| <input type="checkbox"/> Not well-connected to other services | <input type="checkbox"/> Current/Past family violence |
| <input type="checkbox"/> Children's Services involvement | |

Other Comments