



Healthy Families Healthy Futures Society Westlock, AB

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-on-one parenting strategies for parents-to-be and caregivers with children aged 0 - 6. Long-term support to strengthen caregiver-child relationships, promote healthy childhood growth and development, and encourage safe home environments. *Services provided in **Athabasca, 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, Calling Lake, Whitecourt, 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, Lac Ste. Anne County, Westlock, and Whitecourt.***

☐ **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"/> Child and Family Services involvement | |

Other Comments _____