Greater Foothills Family Resource Network

The Greater Foothills Family Resource Network

WORKING TOGETHER FOR FAMILIES

Referral Form

Date _____

FAMILY INFORMATION

Full Name: _____

Address: _____

Email: _____ **Phone:** _____

Family has agreed to be contacted by the Greater Foothills Family Resource Network ☐ Y ☐ N

CHILDREN'S INFORMATION

Please fill out the following information for all of the children being referred for services

Child's Name _____ **DOB (mm/dd/yy)** _____

Child's Name _____ **DOB (mm/dd/yy)** _____

Child's Name _____ **DOB (mm/dd/yy)** _____

Child's Name _____ **DOB (mm/dd/yy)** _____

REFERRAL INFORMATION

Who is making the referral to the GFFRN?

FRN Hub ☐ **Community Agency** ☐

FRN Spoke ☐ **FCSS** ☐

Self- Referral ☐ **AHS** ☐

Children's Services ☐ **Other** _____

SERVICES REQUESTED

How can this family benefit from our support? Please select all that apply

- ☐ **Counseling Services** -Foothills Community Counseling (Children or Caregivers)
- ☐ **Developmental Information** -Ages & Stages Questionnaire, Referrals
- ☐ **Family Programs** -Drop In, Registered Programs, ECD Programming, Kids Club (for 6-12 years of age)
- ☐ **Home Visitation** -Greater Foothills Family Centre- Growing Families Program (for families with children under 6 years of age)
- ☐ **In Home Supports** -Greater Foothills Family Centre- Branches Program (for families with children 7-11 years of age)
- ☐ **Parent Education & Support** -Triple P Parenting, One on One Supports, Workshops
- ☐ **Rural Service Supports** -Outreach Programming, Rainbow Literacy, Claresholm FCSS
- ☐ **Youth Programs and Services** -BGC Foothills Youth Resource Centre (for 12-18 years of age)
- ☐ **Other** _____

OFFICE USE

Is this a supported referral? ☐ Yes ☐ No

If yes, what supports were provided?

- ☐ Booked Appointment
- ☐ Attended Appointment
- ☐ Assisted in Completing a Form
- ☐ Provided an Introduction
- ☐ Other Supports _____

Method of Contact What was the method of contact for the person/agency requesting referral information?

- ☐ Email
- ☐ Phone
- ☐ Walk In
- ☐ FRN Event/Program
- ☐ Other Contact Method
- ☐ Social Media

Initial Contact Date (mm/dd/yy) _____

Staff Contact _____

Dates and Times of Contact:

First Attempt _____ Time _____

Second Attempt _____ Time _____

Third Attempt _____ Time _____

Dates and Times of Contact:

- ☐ Accepted
- ☐ Declined
- ☐ Refused
- ☐ Unable to contact

Notes: