

Lakeland Family Resource Network

Referral Form

**Services are provided in Bonnyville, Cold Lake, St. Paul and their surrounding areas.
All programs are confidential and free of charge.**

Client Information

Individual is aware of referral and has agreed to be contacted by a service provider.

Caregiver Name: _____ DOB: _____

Address: _____ Contact # _____
Community: _____ Postal Code: _____ Can we text the contact # Yes No

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

What is the best method of contact for the client? _____

SPOKE SERVICE

Bonnyville – Caregiver Capacity and Resilience – Providing information about child and youth related developmental stages, providing caregivers with parenting strategies.

Cold Lake – Caregiver Capacity and Resilience, Child Development, & Family Support – Providing information about child and youth related developmental stages; providing parents with parenting strategies; supporting families with age appropriate activities for ages 0-18, referral and connections to resources and natural supports within the community

St. Paul – Caregiver Capacity and Resilience & Child Development Providing information about child and youth related developmental stages; providing parents with parenting strategies, supporting family and network supports.

Native Counselling Services of Alberta – Navigator – Our *Wâhkômiwêw Navigators* will support youth, their parents and caregivers to develop Individual Healing and Connection Plans. Plans will build on individual and family strengths to create positive change. Services are open to ALL members of the community!

Native Counselling Services of Alberta – Home Visitation – Our *Kiyohkatowin Workers* will mentor pre-natal women, parents and caregivers in their home/community by supporting children's growth and development through deliberate and culturally appropriate caregiving

Other supports or programs: Please identify:

Other Referrals already made:

To be completed in full by the referral source.

Referral completed by (print): _____

Agency: _____ Date: _____

Phone: _____ Fax: _____

Email: _____

Do you consent to receiving emails from the LFRN? Yes / No

Reason for this referral (how can this family benefit from our support?)

- Developmental Questionnaire (Ages & Stages Social Emotional)
- Parent Education (Circle of Security, Active Parenting, Parenting Young Youth, Love and Logic, etc.)
- Family Support (Supported referral advocacy, navigating systems)
- Family Programs (Caregiver and infant/child/youth programs)
- Family Events (enhance social connections or supports)
- Home Visitation (Home Visitation and or In-Home Support)
- Rural service support
- Connection to family, community and Indigenous culture and ceremony

Additional Information/recommendations that may help determine the best supports for this family:

Please forward the completed referral to Lakeland Family Resource Network:

**Bag 1006 / 4714 48 Street
Bonnyville, Alberta T9N2J7
Email: frncoordinator@town.bonnyville.ab.ca
Telephone: (780) 201-3499
Fax: (780) 826-6488**

For Office Use Only:

First date of Contact: _____ Staff Assigned: _____

Updated referral source: Yes No

Dates and times of attempted contact: _____

Referral Status of our Services: Accepted Declined Unable to Contact Refused

Does not meet criteria, referred to: _____

Referral Status of Community Services: Accepted Declined Unable to Contact Refused

Date for follow-up call: _____