



FILE NUMBER _____

FAMILIES FIRST REFERRAL FORM

It is essential you fill out all fields of referral form

Mother's Name: _____ DOB _____ Due Date: _____
 Address: _____ Phone _____
 Fathers's Name: _____ DOB _____
 Address: _____ Phone _____
 Infant's Name _____ DOB _____ Weight _____
 Emergency Contact Name _____ Phone _____

Marital Status _____ No/inconsistent prenatal care _____
 Unstable/unsuitable Housing _____
 Education under 12yrs _____ Previous Ministry removal _____
 Lack of family support _____ Hx of/current depression _____
 Lack of community support _____ Family crisis or violence _____
 Hx of substance use/abuse _____ Cultural Background _____
 Special Needs/Accessibility _____ Primary Language _____
 Additional Information _____

Referring Person: _____ Agency _____ Phone _____
 Referral Date: _____ Parent(s) are aware of referral: _____

KEY INFORMATION:

- *A home visiting program
- *Voluntary program
- *Prenatal or parenting an infant under 3 months of age at entry to program.
- *Service available until target child is 3- 5 years
- *Prevention program

Any individual may self refer or be referred to Families First by mailing or dropping of referrals to:

Lisa Lavoie Coordinator 396 Tranquille Road Kamloops, BC V2B 3G7 (250) 554-3134	Teri-Lyn Dougherty RR#1, Cache Creek, BC VOK 1H0 (250) 457-7033	Shelley Piva General Delivery McLure, BC V0E 2H0 (250) 319-7470	Hazel Slape Box 632, Chase, BC VOE 1M0 (250) 318-4281
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Each referral will be reviewed and Parent Survey/screen completed to determine eligibility to the program.

OFFICE USE ONLY:

Contact Attempts:	Date	Time	Message Left/Received	With Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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