CHILDREN'S RESOURCE COUNCIL
Northern Lights Family Resource Network HUB
High Prairie, Alberta • T0G 1E0 • Box 888

FAMILY RESOURCE NETWORK REFERRAL FORM

CONFIDENTIAL • VOLUNTARY • FREE

The Children's Resource Council supports children and families in the communities we serve. Please select the services that may be helpful. A coordinator will contact the family to discuss available supports.

FAMILY / GUARDIAN INFORMATION

Referral date:	
Parent / guardian name:	
Phone / contact number:	
Street address:	
Community:	
Postal code:	

CONTACT PREFERENCES

Adult (18+)	Agrees to be contacted	Text message only	Preferred contact
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Phone ☐ Text ☐ Email

REFERRAL CONSENT

Consent to referral / contact:	☐ Yes ☐ No
Consent confirmed by:	
Parent / guardian signature (if available):	

Please obtain the family's consent before sharing referral information. If the parent / guardian is not present to sign, the referring worker should confirm and document consent before submitting the referral.

CHILDREN / YOUTH

Name	Date of birth	Notes / support requested

FAMILY / COMMUNITY BACKGROUND (OPTIONAL)

Indigenous: ☐ First Nations ☐ Métis ☐ Inuit

Newcomer to Canada: ☐ Under 1 year ☐ 1–3 years ☐ 3–5 years ☐ Over 5 years

Francophone: ☐ Canadian-born: ☐

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PROGRAM / SERVICE REQUESTED

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The HUB supports families with children and youth ages 0–18 by helping them connect with services and resources that fit their needs. The HUB may also connect families with programs within or outside the Family Resource Network.

SELECT ALL SERVICES THAT MAY BE HELPFUL

☐ **CAPCHP**	Prenatal and postnatal supports, play groups, universal family programming, home visitation, and support for families and children to promote healthy development.
☐ **Building Resilient Caregivers**	Supports parents and caregivers to build parenting knowledge and confidence, strengthen parent-child relationships, manage stress, and use practical, responsive parenting strategies.
☐ **Infant and Child Development**	Supports healthy child development, attachment and well-being by building caregivers' knowledge and skills and encouraging positive, responsive interactions with their children.
☐ **Youth Development & Resiliency**	Offers safe, inclusive opportunities for youth to build confidence, life skills, healthy relationships, positive coping strategies, and connections to trusted people and community supports.
☐ **Strengthening Connections to Culture**	Culturally grounded activities and learning with Elders and Knowledge Keepers that strengthen cultural identity, language, traditions, belonging, and connections across generations.
☐ **Home Visitation**	One-to-one support for parents-to-be and caregivers with children ages 0–6, offering parenting guidance, child development information, and connections to family and community resources.
☐ **Taproot – Family Resiliency Program**	A referral option for families who may benefit from more targeted, structured, or individualized family support.
☐ **Family Resource Network HUB**	Helps families identify their needs and connect with appropriate FRN spokes, community resources, and services within or outside the Family Resource Network.

CAPCHP DETAILS, IF APPLICABLE

☐ Baby Welcome Bag ☐ Baby & Me ☐ Pregnant / expecting Due date:

SERVICE AREA REQUESTED

☐ High Prairie / Big Lakes County ☐ Slave Lake / Lesser Slave River

☐ MD of Smoky River ☐ Wabasca / Opportunity 17

Please complete the referral source and Home Visitation information on the following page when applicable.

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REFERRAL SOURCE & HOME VISITATION INFORMATION

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REFERRAL SOURCE — TO BE COMPLETED BY REFERRING AGENCY

Agency / organization:	
Referral completed by / contact person:	
Phone:	
Email:	

The person completing the referral is the agency contact for any follow-up questions. Complete this section once; a separate "contact person" field is not needed when it is the same individual.

HOME VISITATION — ADDITIONAL INFORMATION

Complete this section only when referring for Home Visitation. Check all areas that may be relevant to the family's support needs. Share only information needed to support the referral.

Select	Area	Information / concern
☐	**Family situation**	Single parent / parenting alone
☐	**Income**	Low or inadequate income; partner unemployed
☐	**Housing**	Unstable housing
☐	**Communication**	No reliable phone or communication access
☐	**Education**	Less than high school completion
☐	**Substance use**	History of or current substance use concerns
☐	**Maternal health**	Late or no prenatal care; limited medical contact
☐	**Parenting support**	Would benefit from additional information or support with caring for a baby
☐	**Mental health**	Parent has shared mental health concerns or is receiving mental health support
☐	**Age**	Parent is under 20 years of age
☐	**Health**	Parent / infant health concerns; nutrition or breastfeeding support; disability or developmental delay
☐	**Family crisis**	Relationship concerns or family violence
☐	**Isolation**	Social or geographic isolation; new to the community; or limited transportation
☐	**Newcomer / Indigenous**	Recent immigrant, refugee or language minority; First Nations, Métis or Inuit
☐	**Child safety**	Current or previous child-safety concerns or Children's Services involvement
☐	**Other**	

REFERRAL REASON / ADDITIONAL INFORMATION

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REFERRAL PROCESSING

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OFFICE USE — ASSIGNMENT & FOLLOW-UP

Date received:	
Program / Spoke assigned:	
Staff member assigned:	

FAMILY CONTACT ATTEMPTS

Record each attempt below. Use additional internal notes if more follow-up is required.

Attempt	Date	Method of contact	Staff initials
1		☐ Phone ☐ Text ☐ Email ☐ In person	
2		☐ Phone ☐ Text ☐ Email ☐ In person	
3		☐ Phone ☐ Text ☐ Email ☐ In person	
4		☐ Phone ☐ Text ☐ Email ☐ In person	

FOLLOW-UP NOTES (MAXIMUM FOUR LINES)

FAMILY CONTACT / REFERRAL OUTCOME

☐ Family contacted	☐ Family connected to requested service
☐ Referred to another Family Resource Network service	☐ Referred to an external community service
☐ Unable to contact family	☐ Family declined service
☐ Other:	

CONFIDENTIALITY REMINDER

Referral information must be handled in accordance with Children's Resource Council privacy, confidentiality and information-sharing requirements. Share only the information needed to support the referral.