

**Northwest Central FASD Network
P.O. Box 5389
Westlock, AB T7P 2P5**

Outreach Referral Form

Name: _____ DOB: _____

Address: _____ Contact # _____

Community: _____ Postal Code _____ Text only? Y NO

Individual is aware of and has agreed to be contacted by NWC FASD Network

Name of Guardian (if applicable) _____

Signature _____ Contact # _____

All our services are confidential and free to access.

- **Outreach FASD Mentorship** – Support for adults or those transitioning into adulthood who are diagnosed with FASD or may be prenatally exposed to alcohol resulting in Fetal Alcohol Spectrum Disorder.
- **PCAP (Parent and Child Assistance Program)** – Serving individuals of child-bearing years who are actively or at risk of using drugs and/or alcohol. Mentors provide extensive, practical assistance and long-term emotional support for women making fundamental changes in their lives.
- **Caregiver Support** – Provision of FASD information and strategies, advocacy and connection to community resources for caregivers providing daily support to an individual prenatally exposed to alcohol.

To be completed by the referral source

Referral completed by (print) _____

Agency: _____ Date: _____

Additional information that may be helpful in determining the best supports for this individual:

- Current/past substance abuse
- Suspected/diagnosed Fetal Alcohol Spectrum Disorder (FASD)
- Justice involvement
- Current pregnancy
- Child and Family Services involvement
- Not well connected to other services
- Financial/housing issues

Other Comments:

Please forward the completed referral to NWC FASD Network: donnak@nwcfasd.ca 780-305-8757

*** IF FASD ASSESSMENT SERVICES ARE REQUIRED PLEASE COMPLETE CLINIC ASSESSMENT SERVICES PACKAGE FROM OUR WEBSITE www.nwcfasd.ca**