NWR FASD Society: Mackenzie Network
PO Box 3668, 10502 103 street
High Level, AB, T0H1Z0
Office: (780)926-3375 Fax: (780)926-3376

FASD Program Referral

Parent / Guardian / Support

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Individual Needing Support

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Referring for the Following Programs:

☐ **PCAP** (*Parent & Child Assistance Program*) – Addresses the needs and issues facing women who are using drugs or alcohol while pregnant or who have had a child affected by prenatal substance use.

☐ **Coaching Programs**

- **Family Coach Program** – Provides intensive support to caregivers supporting an individual diagnosed or suspected of having FASD.
- **Life Coach Program** – Provides support to individuals 18+ impacted with FASD.
- **Youth Coach Program** – Addresses the needs of youth (*15yrs and under*) impacted with FASD through weekly community programing.
- **Youth Transition Coach Program** – Addresses the needs of youth (*16 – 22yrs*) through programming and transitioning into adult programs.
- **Mackenzie Housing Pilot** – Provides supported living for adults impacted with FASD.

☐ **Currently Inactive Programs**

- **Toddler Coach Program** – Program for those under the age of 5yrs old providing 2 hours of respite for PCAP and Life Clients. (*Operates during school days only*)
- **Youth Mentorship Program** – Based on the Big Brother/Sister model; providing one-on-one mentorship to youth in the community.

Are the Family and Individual Aware of this Referral? ☐ Yes ☐ No

Referral Source

Name: _____ Agency: _____ Phone: _____

Signature: _____ Date: _____