



Northwest Regional FASD Society – Mackenzie Network

The Falhman Building
#227, 9808-9814 100th Avenue High Level, AB T0H-1Z0
Phone (780) 926-3375 Fax (780) 926-3376
PO Box 3668

Referral Form

Referral Source: _____
Agency Name Phone Number

Parent/ Guardian/Individual

Name : _____ DOB _____ / _____ / _____
Mon Day Year

Phone: _____ / _____ Address: _____
Home Cell (PO Box, Community, Postal Code)

Individual needing supports:
_____ DOB _____ / _____ / _____
Mon Day Year

Referring for the following programs:

- PCAP** (Parent and 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 intense daily/weekly/monthly support to individuals 18+ affected with or suspected of FASD
 - Youth Coach Program** – Addresses the needs of youth affected or suspected of having FASD through community programming. (12 and under or up to grade 6)
 - Youth Mentorship Program** – Based on the Big Brother, Big Sister model; providing one-on-one mentorship to youth in the community.
 - Youth Transition Coach Program** – Addresses the needs of youth 16-22 years of age through programming and transitioning into adult programs
 - Mackenzie Housing Pilot** – provides supported living for adults impacted with FASD
- Diagnostic and Assessments**
 - Adult Clinic** – FASD diagnostic clinic for adults 18+.
 - Youth Clinic** – FASD diagnostic clinic for children under 18.

Is the Family Aware of the Referral? Yes/No

Signature of Referral Source

Date