



# Rural Connections Family Resource Network Referral Form

Please select the program(s) you would like the family to access. Services are provided in Smoky Lake, Waskatenau, Vilna, Thorhild, Thorhild County, Westlock, Westlock County, Barrhead, Barrhead County, and surrounding areas. All programs are confidential, voluntary, and free of charge.

**Individual is aware of referral and has agreed to be contacted by a service provider**

Caregiver Name:	_____	DOB:	_____
Address:	_____	Contact #	_____
Community:	_____	Postal Code:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____
Child's Name:	_____	DOB:	_____

**Taproot Community Support Services Family Resilience Program** – Provides support for families with children and youth aged 7-18. Family support workers use a strength-based approach to engage with families in their homes and communities. Areas of focus may include healthy relationships, attachment, positive discipline, mentoring, life skills, and child development. We work collaboratively with families to help them make sense of their children and youth, and to feel more confident in their ability to meet their children's needs.

**Healthy Families Healthy Futures Home Visitation** – One-on-one parenting strategies for parents-to-be and caregivers with children aged 0 – 6. Long-term support to strengthen caregiver-child relationships, promote healthy childhood growth and development, and encourage safe home environments.

**Family Capacity & Connection** – Caregiver Education and programs focusing on child development, asset building, parenting, and strengthening family bonds. Serving (Please select a location):

- Town of Smoky Lake
- Thorhild County
- HFHF Westlock
- Barrhead FCSS

**Rural Connections FRN Hub** –Serves families with children aged from 0-18 to support and connect with the best fitting services for their unique needs within the Family Resource Network & outside the Family Resource Network.

**– How can we help? (Identify the most pressing family need)**

**To be completed in full by the referral source**

Referral completed by (print) \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Office Use Only:</b> <input type="checkbox"/> Sent from Hub Navigator to FRN Spoke Partner	Date: _____
---	-------------

Continued on next page →→→

Additional information/recommendations that may help determine the best supports:

Additional referrals that have been made:

Please forward the completed referral to *Rural Connections Family Resource Network*:  
[main.office@hfalberta.com](mailto:main.office@hfalberta.com) Fax: 780.307.2447 Call: 780.307.2444 ext. 0

