REFERRAL TO:

Families First Support Services
2 Gef Street, Listuguj, QC
G0C 2R0
(418) 788-3039

This form will be used to refer families to Families First Support Services; please provide an overview of the issues identified as well as the consent to refer from the family and forward to FFSS call: (418) 788-3039.

Date of Referral:	
Case Manager:	
Client Name:	
D.O.B. / Age:	
Home Address:	
Phone Number:	
Nature of Presenting Issues: (Provide a brief overview Of the presenting issues And concerns identified.)	

Referral Resource: (Please check and Identify the resource Making the referral In the space provided)	○ Child and Family Services ○ Social Assistance ○ Community Services ○ Haven House ○ Youth and Family Centre ○ Recreation ○ Education ○ Reinvestment Strategy ○ Alaqsite'w Gitpu School ○ Lord Beaverbrook School ○ Sugarloaf Senior High School ○ Campbellton Learning Centre ○ Listuguj Arts & Culture ○ Gignu Re-adaption Centre ○ Addiction Services – Campbellton ○ Addiction Services – Maria ○ Victim Services ○ Probation Officer: _____	○ CLSC Pointe a la Croix ○ CLSC Matapedia ○ Campbellton Regional Hospital ○ Maria Hospital ○ Dalhousie Regional Hospital ○ Mawo'ltijig Mijjuaji'jg Child Care ○ Listuguj Health Directorate ○ Nurse: _____ ○ Maternal Child & Health ○ Listuguj Crisis & Health Promotion ○ Community Wellness ○ Mi'gmawei Mawiomi Secretariat ○ Restorative Justice ○ Head Start Program ○ Listuguj Police Department ○ LMG ○ SELF REFERRAL ○ Other: _____

Release of Information: Referral will not be processed without the presence of all signatures.

We consent to the disclosure of pertinent information between Families First Support Services and _____ (Referring Agent)

Name	***Signature***	***Date***
Client / Parent Signature:		
Client / Parent Signature:		
Witness:		
Case Manager Signature		

NOTE: Once it has been decided to refer a client to FFSS, please ask the person to contact the agency for an appointment.