

REFERRAL

**Families First Support Services
32 Gaspé Highway, Listuguj, Quebec
G0C 2R0
(418) 788-2010
(418) 788-3627 (fax)**

This form will be used to refer families to Families First Support Services Intake Worker; please provide an overview of the issues identified as well as the consent to refer from the family and forward to FFSS Intake call 418-788-2010.

Date of Referral:	
Case Manager:	
Client:	
D.O.B./Age:	
Home Address:	
Phone Number:	

Nature of Presenting Issues (Provide a brief overview of the presenting issues /concerns identified.)		
Referral Resource (Please Check & Identify the resource making the referral in the space provided)	<ul style="list-style-type: none"> <input type="radio"/> Child and Family Services <input type="radio"/> Social Assistance <input type="radio"/> Community Services <input type="radio"/> Haven House <input type="radio"/> Youth and Family Centre <input type="radio"/> Community Cultural Coordinator <input type="radio"/> Recreation <input type="radio"/> Education <input type="radio"/> Reinvestment Strategy <input type="radio"/> Alaqsitew Gitpu School <input type="radio"/> Lord Beaverbrook School <input type="radio"/> Sugarloaf Senior High School <input type="radio"/> Campbellton Learning Centre <input type="radio"/> Listuguj Arts & Culture <input type="radio"/> Gignu Re-adaptation Centre <input type="radio"/> Addiction Services Campbellton <input type="radio"/> Addiction Services Maria <input type="radio"/> Victim Services <input type="radio"/> Probation Officer: _____ 	<ul style="list-style-type: none"> <input type="radio"/> CLSC Point a la Croix <input type="radio"/> CLSC Matapedia <input type="radio"/> Campbellton Regional Hospital <input type="radio"/> Maria Hospital <input type="radio"/> Dalhousie Regional Hospital <input type="radio"/> Mawo'ltijig Mijjuaji'jg Child Care Centre <input type="radio"/> Listuguj Health Directorate <input type="radio"/> Nurse <input type="radio"/> Maternal Child and Health Program <input type="radio"/> Listuguj Crisis and Life Promotion <input type="radio"/> Community Wellness <input type="radio"/> Mi'gmawei Mawiomi Secretariat <input type="radio"/> Restorative Justice <input type="radio"/> Head Start Program <input type="radio"/> Listuguj Police Department <input type="radio"/> LMG <input type="radio"/> SELF REFERRAL <input type="radio"/> Other

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

We consent to the disclosure of pertinent information between Listuguj Families First Support Services and _____ (referring agent).

Name	Signature	Date
Parent's/Client Signature		
Parent's/Client Signature		
Witness:		
Case Manager's Signature		

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