

North Central Edmonton

Family Resource Center Referral Form

Castle Downs Family YMCA
11510 153 Ave NW,
Edmonton, AB T5X 6A3
780 377-3730

Date of Referral		Consent Gained to Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver Last Name		Caregivers First Name			
Date of Birth (dd-mm-yr.)		Gender			
Phone Number		Email			
Address		City		Postal Code	
Date of Referral		Consent Gained to Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver Last Name		Caregivers First Name			
Date of Birth (dd-mm-yr.)		Gender			
Phone Number		Email			
Address		City		Postal Code	
LIST ALL CHILDREN THAT CURRENTLY RESIDE IN THE HOME.					
First Name	Last Name	Gender	Date of Birth (dd-mm-yr.)	Relationship to caregiver	
REFERRER INFORMATION					
Referring Agency Name		Contact Email			
Contact Name		Contact Phone Number			
Reason for Referral					
FRN Data Portal Number (if applicable)					
LIST ALL SERVICES AND/OR PROGRAMS THE FAMILY IS CURRENTLY INVOLVED WITH					
LIST ALL SERVICES AND/OR PROGRAMS THE FAMILY WAS INVOLVED WITH IN THE PAST					

Please forward the completed referral to YMCA of Northern Alberta – Family Connect Requirement of the program is families must live within these boundaries: “North of Yellowhead Trail, West of St. Albert Trail, East of 66th Street” Family Resource Center services all families with children 0-18yrs of age:

Email: infoHUB@northernalberta.ymca.ca

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Office Use Only:

- Big Brothers Big Sisters
- KARA Family Resource Center
- Creating Hope Society
- YMCA of Northern Alberta- Family Connect Home Visitation
- YMCA of Northern Alberta- Family Connect Family Supports
- YMCA of Northern Alberta- Family Connect Caregiver & Parent Education
- Other: (Please Identify)

- Other: (Please Identify)

- Other: (Please Identify)

First Date of Contact: _____	Staff Assigned: _____
Updated Referral Source: <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Dates/ Times Contact Attempted: _____	
Referral Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Unable to Contact <input type="checkbox"/> Refused	
Does not meet criteria: Referral made to: _____	
Referral Status of community accepted: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Unable to Contact <input type="checkbox"/> Refused	
Date for follow up call: _____	