



FASD FAMILY SUPPORT, EDUCATION AND COUNSELLING

10-254 Stella Walk Winnipeg, Manitoba., R2W 2T3

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REFERRAL FORM

The FASD Family Support, Education and Counselling Program provides support services to families caring for children, birth to 14 years of age, who have been prenatally exposed to alcohol.

Date: _____ Name of Child: _____

Gender: _____ D.O.B: _____ Child lives with _____ Family (Birth, Extended, Foster, or Adoptive)

Parent/Caregiver: _____ Guardian: _____

Address: _____ Address: _____

City: _____ City: _____

Postal Code: _____ Postal Code: _____

Phone: _____ Phone: _____

Email: _____ Fax/Email: _____

If the child is in the care of a Child and Family Services Agency, are they aware of this referral? _____

Reason for Referral: (concerns)

Diagnosed with FASD

Confirmed Pre-natal Alcohol Exposure

Describe how pre-natal alcohol exposure was confirmed:

Referral Source: _____

Agency: _____

Address: _____

New Directions Internal Referral:

Phone: _____

Date Active: _____ (For Office use)

Please forward completed referral form to: Anita Posaluko, Program Coordinator

Revised July 2018

Addendum for Youth Services
(To use when completing referral for youth age 7 to 14)

Other services involved:

- Before/after Sch.Prgm: Yes _____ No No, but needed
- CFS: Yes _____ No No, but needed
- EIA: Yes _____ No No, but needed
- CDS: Yes _____ No No, but needed
- Manitoba FASD Centre: Yes _____ No No, but needed
- Health Services: Yes _____ No No, but needed
- Therapeutic Services: Yes _____ No No, but needed
- Physician: Yes _____ No No, but needed
- Mental Health: Yes _____ No No, but needed
- Justice/Youth Centre: Yes _____ No No, but needed
- Respite: Yes _____ No No, but needed
- Addiction services: Yes _____ No No, but needed
- Housing: Yes _____ No No, but needed
- Other: Yes _____ No No, but needed

Past service involvement:

FASD Family Support, Education and Counselling: Yes No

FASD Outreach: Yes No

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