

**McMan's Lifespan Program seeks to support individuals who want to be engaged in our services, are diagnosed, or suspected of having FASD and DO NOT qualify for PDD services.**

*Please complete form in full, leaving no empty spaces, so that we know how best to serve the individual.*

Send completed referral to [lindsey.richardson@mcmansouth.ca](mailto:lindsey.richardson@mcmansouth.ca) or fax to 403-328-2645

Please contact Lindsey Richardson at 403-634-7897 with any questions

Date:		Lifespan Worker:	
<b>REFERRAL INFORMATION</b>			
Referral Source:			
Contact Name:			
Phone:		Fax:	
Email Address:			
<b>CONSENT</b>			
Individual is Aware of the Referral:	<b>YES</b>	No	
Current level of needs:	<b>HIGH</b>	<b>MEDIUM</b>	<b>LOW</b>
IS PARTICIPANT WILLING TO ENGAGE IN SERVICES?			
WOULD PARTICIPANT PREFER A WORKER THAT IS: MALE      FEMALE      NO PREFERENCE			
IS THIS PREFERENCE DUE TO SAFETY/BOUNDARY CONCERNS? YES      NO      N/A			
IF YES EXPLAIN: _____			
<b>INDIVIDUAL TO BE SERVED</b>			
Gender and preferred pronoun:		Age:	DOB:
Name:			
Please Choose:	<b>NO ADDRESS</b>	<b>REQUIRES HOUSING</b>	
Address:			
Phone #:		Cell #:	
Email Address:			
<b>DIAGNOSIS:</b>			
Who diagnosed:			
Where:		When:	
Attach copy of these assessments?			
Other Assessments and/or Tests:			
Is Participant PDD Eligible?			

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What other community resources/supports is client involved with? (i.e., AISH, PDD, First steps, Home base, Probation)				
Emergency Contact:				
	Phone:		Cell:	
<b>CAREGIVER(S) STILL INVOLVED?</b>				
Name:		Relationship to Individual:		
Address:				
Email Address:				
Phone:		Cell:		Work:
<b>OTHERS IN THE HOME?</b>				
Name:		Age:		
Name:		Age:		
Anyone staying temporarily?				
<b>ETHNICITY:</b>	<b>STATUS</b>	<b>NON-STATUS</b>	<b>METIS</b>	<b>OTHER</b>
<b>HISTORY OF INVOLVEMENT WITH LAW?</b>	<b>YES</b>		<b>No</b>	
If yes, what kind of involvement?				
Current Charges?/ Probation order? (include documentation)				
Known/ Suspected Gang Affiliation?				
Risk to Self, Others or Animals?				
Psychiatric Care/ Hospitalization?				
<b>EXPECTATIONS</b>				
What are the concerns that resulted in your referral?				
What is the individual hoping will happen as a result our involvement...what level of involvement do you/ they expect is needed?				

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<b>ADDITIONAL INFORMATION</b>