

McMan's FASD Lifespan Program seeks to support individuals who want to be engaged in our services, are diagnosed or suspected of having FASD and DON'T qualify / AREN'T eligible 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 or fax to 403-328-2645

Please contact Lindsey Richardson at 403-328-2488 with any questions

Date:		Lifespan Worker:	
REFERRAL INFORMATION			
Referral Source:			
Contact Name:			
Do you want to be present for initial appointment? (If participant consents) YES No No Preference	Phone:		Fax: <input type="checkbox"/>
	Email Address:		
CONSENT			
Individual is Aware of the Referral:	YES		NO
Current level of needs:	HIGH	MEDIUM	LOW
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: _____			
INDIVIDUAL TO BE SERVED			
Gender and preferred pronoun:		Age:	DOB:
Name:			
Please Choose:	NO ADDRESS		REQUIRES HOUSING
Address:			
Phone #:		Cell #:	
Email Address:			
FASD DIAGNOSIS?	YES	NO - SUSPECTED FASD	
Who diagnosed:			
Where:		When:	
Attach copy of these assessments?			
Other Assessments and/or Tests:			
Is Participant PDD Eligible?			

What other community resources/supports is client involved with? (i.e., AISH, PDD, First Steps, HomeBASE, Probation, Counselling, etc)			
Emergency Contact:			
	Phone:		Cell:
CAREGIVER(S) STILL INVOLVED?			
Name:		Relationship to Individual:	
Address:			
Email Address:			
Phone:		Cell:	Work:
OTHERS IN PARTICIPANTS HOME?			
Name:		Age:	
Name:		Age:	
Anyone staying temporarily?			
Animals in the Home?	YES	NO	If yes type?
HISTORY OF INVOLVEMENT WITH LAW?	YES	No	
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?			
EXPECTATIONS			
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?			

ADDITIONAL INFORMATION