



The Prevention House
NURTURING RESILIENCE IN FAMILIES

Referral Form

The Prevention House offers One to One Services to families residing in Moosonee and Moose Factory in the areas of Infant Wellness, Parent Wellness and Family Crisis Support. Please fill out this Referral Form and send to ThePreventionHouse@cyms.ca to receive ongoing support from a Prevention Worker.

Please review eligibility before completing the form:

Are you (or the person you are referring):

- A parent, caregiver, or guardian of a child under 18, or are expecting a child?
- A resident of Moosonee or Moose Factory?
- Willing to commit to working with a Prevention Worker on goals that can support your family's wellness?

REFERENT INFO

Name of Person making Referral

Date

Position/Agency (if applicable)

Contact info (phone, email)

PARENT/CAREGIVER INFO

Full name

Date of Birth

Address

First Nation

Phone

Gender

E-mail

Marital Status

Other Contact

Partner's name
(if applicable)

Preferred method
of contact

Is this family involved
in Child Welfare?

Yes

No

If yes, please share
worker's name



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FAMILY INFO

CHILDREN

	Name	DOB	Age	First Nation	Living Arrangements
1					
2					
3					
4					
5					
6					

Additional Family Info: (legal status of children, blended family, custody arrangements, etc.)



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REASON FOR REFERRAL

I would like to refer this family to the following program (please select one):

Family Crisis Support

Short term emotional and/or financial support and referral assistance for families that have experienced a recent crisis (ie. death, separation, loss of housing/income, injuries, illnesses, mental health struggles, legal difficulties, accidents, witnessed or experienced a violent or traumatic event, etc.)

Infant Wellness

In-home support services with families that are expecting a baby or have children that range from 0-6 years old. Examples: supportive counselling, meal planning, cleaning, organizing, routines, family essential needs supplies, attachment-enhancing activities, educational awareness of various parenting topics, pregnancy planning, postnatal wellness visits, nutrition vouchers, infant feeding support, etc.)

Parent Wellness

In-home support services with families that have children that range from ages 7-18. Examples: supportive counselling, meal planning, cleaning, organizing, routines, family essential needs supplies, attachment-enhancing activities, educational awareness of various parenting topics, etc.)

Please provide a summary outlining the reason for the referral:

CONSENT

Does the parent/caregiver of the family consent to submitting this referral application?

Yes

No

Parent/Caregiver Signature(s): _____ Date: _____

Verbal Consent Preferred

NOTE: _____

FOR PREVENTION DEPARTMENT USE ONLY

REFERRAL: Approved Not Approved Waitlisted NOTE: _____

PROGRAM: FCSW IWW PWW WORKER ASSIGNED: _____

SUPERVISOR SIGNATURE: _____ DATE: _____