

REFERRAL FORM



CHANCES is a non-profit, community based organization, that offers a range of programs and services in a friendly and supportive environment to support young children and families. We would be pleased to have the opportunity to explore how the programs and services we offer might benefit you, or your children.

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____ **Email:** _____

Due date, if expecting: _____

Reasons for referral: (please check all that apply)

- Strong Start – Early Literacy Program
- Information regarding healthy pregnancies, labor and delivery including weekly prenatal classes;
- Infant \ child development and care information;
- Parenting information and support;
- Family experiencing additional challenges for example: young or first time parent(s); social isolation; limited income; single parent; newcomer to Canada etc.
- Information regarding licensed child care \ before and after school programs;
- Newcomer Seniors Intergenerational Project
- Other

Referred by:

Name: _____ Organization \ Profession: _____

Consent:

I understand that the information provided here is confidential and will be used only by CHANCES staff to contact me regarding programs and services that CHANCES offers.

Participant signature: _____ **Date:** _____

Please note: Once completed please send by fax; mail; or e:mail to the following

CHANCES
77 Upper Prince St.; Charlottetown, PE; C1A 4S6
Tel: 892-8744 Fax: 892-3351
email: chances@chancesfamily.ca
web-site: www.chancesfamily.ca

This document is also available for download from the CHANCES web-site