

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 and your family.

Name: _____

Address: _____

Phone: _____ (Alternate) _____

Email : _____

Reasons for referral : (please check all that apply)

- Information regarding healthy pregnancies, labour and delivery, including weekly prenatal classes
- Post natal support and information including breastfeeding
- Infant/child development and care information
- Parenting information and support
- Family experiencing additional challenges: for example, young or first time parents, social isolation, limited income, single parent, newcomer to Canada etc.
- Strong Start –Early Literacy Program
- Information regarding licensed child care/before and after school programs
- 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 email to the contact information here.

This document is available for download from CHANCES web-site under resource section.

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