

Contact/Referral Information:

Primary Parent/Guardian/Caregiver Contact Name: _____

Phone number: _____

Email: _____

Relationship to Child(ren): _____

Child(ren) Name(s) and DOB:

Last name	First name	DOB (Date of Birth)

Agency Information:

Date of referral: _____ Staff name: _____

Agency name: _____ Is follow up with agency staff required? Yes No

Phone number: _____

Email: _____

Is the Parent/Guardian/Caregiver aware that they will be contacted by FCS staff? Yes No

How is the referring person involved with the family? _____

Reason for referral

Collection and Use of Personal Information

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of family resource provisioning and counseling services offered by Strathcona County. If you have any questions about the collection, use or disclosure of your personal information, contact the Manager, Family Resource and Supports, Strathcona County at 780-464-4044.