

These programs are for families that are affected by parental mental illness or substance use. All programs are free of charge. For more information, please visit our website [supportingfamilies.ca](http://supportingfamilies.ca)



# Referral Form

## REFERRAL SOURCE

Name

Role

Phone/Email

## FAMILY CONTACT INFORMATION

Primary contact name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Alternative address (if applicable): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Is leaving voicemail ok? Y / N Email: \_\_\_\_\_

Preferred way(s) of contact (check the ones that apply):  home phone;  cell phone;  email;

Best time to contact: \_\_\_\_\_ Do they know they have been referred? Y / N

## FAMILY MEMBERS

First Name

Last Name

Relationship

Age

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REASON FOR REFERRAL

We want to know how we can best support this family. Please tell us why you have referred this family, and what you hope they will gain from our programs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for your referral. We will be in contact with you soon.*

**Please send form to: Supporting Families**

Tel: (604)782-1306 Fax: (604) 270-9245

[info@supportingfamilies.ca](mailto:info@supportingfamilies.ca)