



Peterborough Family Resource Centre

201 Antrim Street
Peterborough ON
K9H 3G5

Attention: Kellie

Phone: 748-9144-extension 314

Fax: 748-9177



Families Connect



Referral Form

Referral Agency _____

Name/Position of Person Making Referral _____

Contact Number _____ Extension _____

Date of Referral _____

Parents Name _____

Child's Name and Birthdate _____

Siblings Names and Ages _____

Address _____

Phone Number Where Parents Can Be Reached _____

Reason(s) for Referral:

Which of the criteria have you identified to suggest that this parent will benefit from Steps and Stages?

- living in poverty
- living in violence
- adolescents
- single parents with little community or family support
- living in geographical /social isolation
- lifestyle issues _____ lacking coping skills/self-esteem
- _____ smoking
- _____ substance abuse
- parents having a child or children with a disability (child's special need(s)) _____

Have you identified any other areas of concern we should be aware of?

- yes
- no

If yes, please briefly describe _____

Are there any other agencies/programs involved?

- yes
- no

If yes, which ones? _____

Transportation required?

- yes
- no

comments _____

Additional Information: _____

Date: _____

Signature: _____

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