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## REFERRAL FORM

CHANCES Family Centre is a non-profit, community based organization, which 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 with you how the programs and services we offer might meet your needs or those of your children.

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** (Home) \_\_\_\_\_ ( Cell) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reasons for referral: (please check all that apply)**

- Information regarding healthy pregnancies and healthy eating
- Labor and delivery information and support
- Breast feeding information and support
- Parenting information and support
- Infant \ Child development information
- Family experiencing additional challenges related to age of mother; isolation; limited income etc
- Newcomer to Canada (English not first language)
- Other (please specify below)

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

**Referred by:**

Name : \_\_\_\_\_ Organization \ Profession: \_\_\_\_\_

**Consent:**

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

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_