CASS

CAPA Referral Form

Referral Source Information

Referral Source: ____________________ Referral Date: (YYYY-MM-DD) ____________

Organization: ____________________ Contact Number: ____________

Email: ____________________

Relationship to Individual: ____________________

Will the referral source be able to attend an interview? ☐ Yes ☐ No

Is Individual aware of referral? ☐ Yes ☐ No

Individual's Demographics

Name: ____________________ Date of Birth: (YYYY-MM-DD) ____________

Address: ____________________

Cell Number: ____________________ Home Number: ____________

Email: ____________________

Source of Income: ____________________

Trustee/Guardian: ____________________ Phone Number: ____________

Emergency Contact: ____________________

Medical Information

Reason for referral:

Does the Individual have an FASD diagnosis? ☐ Yes ☐ No

Diagnosis/Health Concerns:

Is it possible to have access to previous assessments? ☐ Yes ☐ No

Who completed the diagnosis? ____________________ Date: (YYYY-MM-DD) ____________

Where? ____________________

Suite 310 - 525 28th Street SE | Calgary, Alberta | T2A 6W9
www.c-a-s-s.org | P: 403.283.0611 | F: 403.283.0691

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Other Information

Educational History (last year of school completed, which programs participated in, etc.):

Work History:

Does the individual have dependent children? (If yes please state how many) ☐ Yes ☐ No Number: ________

Any other information of importance:

Important People

Contact Person / Role: ______________________________

Agency: ____________________ Contact #: ____________________

Contact Person / Role: ______________________________

Agency: ____________________ Contact #: ____________________

Contact Person / Role: ______________________________

Agency: ____________________ Contact #: ____________________

PLEASE NOTE: Once this form has been completed please email it to capa.intake@c-a-s-s.org, fax to 403-283-0691, or deliver in person to our office. If there are any questions please call 403-283-0611. Someone from CAPA will be in contact with you shortly once this form has been received.

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