



## Nourish Families Referral Form

To be filled out and submitted to Childhood Connections by referral agency

### PART 1: REFERRAL INFORMATION

Referral Agency \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Referred By \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

### PART 2: PRIMARY CONTACT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

### PART 3: HOUSEHOLD INFORMATION

AGES	# OF PEOPLE	ALLERGIES/DIETARY RESTRICTIONS
0-36 mo		
3-5 yrs		
6-12 yrs		
13+ including adults		

### PART 4: COMMENTS – (Social/financial Barriers - medical issues - immigration status – etc)

### PART 5: TERMS OF AGREEMENT (to be completed by referral agency)

- The information presented in this referral is true and complete to the best of my knowledge
- I have read and agreed to the privacy policy (see reverse)
- Childhood Connections may contact me or the referral family with regards to food delivery
- I have express verbal/written permission from the family to submit this referral
- I have thoroughly read and understand the guidelines of Nourish Families referral program (see reverse)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## About the Program

- Every meal ordered by a community member from Nourish Families provides a second meal to our Nourish Families referral program.
- Referred families will likely be placed on a wait list depending on current availability.
- Once accepted into the program, families will receive weekly meals for 6 weeks with an exit interview and ability to be put back on the waitlist.
- First time applicants will receive priority on the waitlist.

## Guidelines

- Family must consist of at least one parent/caregiver and one child under 12yrs.
- Family must be a resident of the central Okanagan.
- The family must face considerable social or economic barriers.
- Incomplete referrals will be returned.

## Parent/Guardian

- The parent/caregiver must give full consent for the agency to submit a referral on their behalf.
- The parent/caregiver may assist with parts 2-4 of the application.

## Referral Agency

- Referral agencies with an established partnership with Childhood Connections may submit referrals.
- Referrals from other agencies will be considered on a case by case bases.
- Referrals partner must not be related to the family.

## Privacy/confidentiality policy

- Childhood Connections respects your privacy. We never sell, trade or loan your information to any other organization. Information provided in this referral is being collected solely for the purpose of Nourish Families. The information will only be disclosed to Childhood Connections staff and Nourish Families volunteers to carry out the responsibilities of their job. Statistics are reported at the regional and provincial level; however, individuals are not personally identified in any way. **By completing and submitting this application form you agree to have all collected information stored in our database system.**

**Other Programs** – Please indicate if the referral family is interested in or you think would benefit from any of the additional free services below.

- Circle of Security Parenting Course
- Nobody's Perfect Parenting Course
- Monthly activity/craft bags