

Nourish Families Referral Form

Nourish Families Initiative is a six-week program in which families are matched with a Childhood Connections outreach worker. Weekly visits include a nourishing family meal, child development resources and family activities. See reverse for more details.

PART 1: REFERRAL INFORMATION **if this is a self-referral, please leave part 1 blank.*

Name & Agency:

Agency Name _____

Referred by: _____

Contact

Phone _____

Email _____

I have express verbal/written permission from the family to submit this referral on their behalf.

PART 2: FAMILY CONTACT INFORMATION

Name of Applicant:

First _____

Last _____

Address

Street Address _____

City _____

Contact

Phone _____

Email _____

PART 3: HOUSEHOLD INFORMATION - list all household members. Include birthdates for all children under 12 years.

First Name	Age/Birthdate (MM/DD/YYYY)	Allergies/Dietary Restrictions?

PART 4: COMMENTS - How could this family benefit from the program? *Social/financial Barriers - medical issues - new to Canada - etc

**See reverse for terms of agreement*

PART 5: TERMS OF AGREEMENT

About the Program

- Childhood Connections works with local restaurant partners to sell weekly meals to the community. For every meal sold, the restaurants donate a meal to our Nourish Families referral program.
- Referred families will be placed on a wait list depending on current availability.
- Once accepted into the program, families will receive weekly visits/meals for 6 weeks and may go directly back onto the waitlist at the end of the 6-week program.
- First time applicants will receive priority on the waitlist.

Guidelines

- Family must consist of at least one parent/caregiver and at least one child under 12 years residing in the household.
- Family must be a resident of the Central Okanagan.
- The family must face considerable social, financial or medical barriers. (Or equivalent life-impacting issues)
- Incomplete referrals will not be processed.

Community Referrals

- Referral agencies with an established partnership with Childhood Connections may submit referrals.
- The parent/caregiver must give full consent for the agency to submit a referral on their behalf.
- Referrals from other agencies will be considered on a case by case bases.

Self-Referrals

- Parents/caregivers may submit a self-referral with parts 2-5 of the application.
- Self-referrals may be given different priority on the waitlist.

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.

Privacy/confidentiality policy

- 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 the referral agent/family with regards to food delivery
- I have thoroughly read and understand the guidelines of Nourish Families referral program (see reverse)

Signature: _____ Date: _____