

AUTISM SOCIETY OF THE RMWB

21-10019 MACDONALD AVE, FORT MCMURRAY, AB T9H 1S9
~ AUTISMSUPPORT@AUTISM RMWB.ORG

PHONE: 587-452-9334



Caregiver Referral Form:

Date of Referral:		Consent Gained to Contact	Yes ☐	No ☐
Caregiver Last Name:		Caregiver's First Name:		
Date Of Birth: (D-M-Y)		Gender:		
Phone Number:		Email:		
Address:				

Date of Referral:		Consent Gained to Contact	Yes ☐	No ☐
Caregiver Last Name:		Caregiver's First Name:		
Date Of Birth: (D-M-Y)		Gender:		
Phone Number:		Email:		
Address:				

Dependent(s) Being Referred:				
First Name:	Last Name:	Gender:	Date of Birth: (D-M-Y)	Relationship to Caregiver:

Referrer Information:	
Referring Agency:	
Contact Name:	
Contact Email:	
Contact Phone Number	
Reason for Referral:	

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Please forward the completed referral to the office of The Autism Society of the RMWB.

**Community Development Coordinator
21B-10019 MacDonald Ave
Fort McMurray AB
T9H 1S9**

**Email: community@autismrmwb.org
Phone: 587-452-9334**

Office Use Only:

Support Needs:

- ☐ Caregiver Support
- ☐ Resources and Navigation
- ☐ Social Respite Program/Camp Kids First Program
- ☐ PEERS Programs
- ☐ Disability Resource Coordinator for Application Assistance
- ☐ Employment Supports
- ☐ Adult Programs: Transitions to Adulthood, Life Skills and Adult Social Program

Date of Contact: _____

Staff Referred To: _____

Comments:

"Connecting people, building pathways, and strengthening inclusive communities across our region."