



About Home-Start

Home-Start is an international program that Boys & Girls Clubs of Calgary offers. Home-Start is a family and community program that supports families with young children who may be struggling with a variety of issues related to parenting. We invite families to enlarge their circles of support by making connections with our trained volunteers as well as discover ways to build their own communities.

Home-Start serves families with at least one child under the age of 5 who are experiencing a wide range of challenges such as isolation, postpartum depression, and other parenting stresses. Home-Start is available to all families regardless of socio-economic or ethnic background. We are committed to the rights of the individual and recognize and respect the diversity within families.

Referrals to Home-Start can come in the form of self-referrals, or from another community serving agency.

Our Home-Start Coordinators are the first point of contact: they connect with the family to assess family needs and to begin the process of matching them with a suitable volunteer. They will also refer the family to additional resources and supports if necessary. Home-Start Coordinators visit the family regularly and maintain open communication with the family and the volunteer for the entire duration of time the family is with the Home-Start program.

Filling in this form...

This form has been designed to be fillable directly in Word, but can also be printed and filled out by hand. When complete, please submit this form via email (as a Word document, or scanned and emailed as a PDF) to jneil@bgcc.ab.ca.

Parent Information

Mother's Name:		Date of Referral:	
Mother's age:			
Marital status:	<input type="checkbox"/> Married	<input type="checkbox"/> Common-law	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other:
Family address:			
Mother's phone number:			
Mother's email address:			
Mother's preferred way to share information:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> In-person

Referrer's Information

Referral Agency:	
Referring Staff Member:	
Referrer's Phone Number:	



Family Information

Children's names and ages:	
What are the parent's biggest strengths? What does the parent enjoy about parenting?	
What are the parent's biggest parenting challenges right now?	
What information, strategies, referrals or resources might help this parent and her family?	
Are there any other agencies (including the referrer's agency) supporting this family? If yes, please list.	
What additional information is important for this referral? (Consider: family ethnicity, immigration status, languages spoken; socio-economic challenges; current status of their social network and natural supports, etc.)	