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PARENT-CHILD ASSISTANCE PROGRAM COMMUNITY REFERRAL

PCAP is a 3-year program of support and case management for women that have experienced addiction during pregnancy. We work with women to identify and overcome challenges that they face in their lives, including issues related to addiction treatment, guardianship of children, legal trouble, family planning, housing, training, education and anything else that is important to the woman.

In order to be eligible for this program the woman must answer yes to the following questions:

Have you been pregnant in the last 2 years?

(First Name Only)

- Did you use alcohol or drugs (including opioid substitution therapy) during that pregnancy?
- Do you have a hard time with any of the following issues and can't seem to get any help?

Having a safe place to live

Having enough food to eat

Legal problems

Mental health services

Medical care

Abuse of any kind

Making ends meet

Employment

Guardianship

Education

☐ Has the woman agreed to be contacted	I by a PCAP staff member?	
If so, please complete this form and email Subject Line: CONFIDENTIAL	it to Sarah.Campbell@Horiz	onNB.ca with the
Someone from the PCAP office will follow up with you to get more information.		
OR Call 506-214-1186 during regular busing	ness hours to make a referr	al over the phone.
Referral Date		
Referral Source		
(Your Name/Position)	(Agency)	(Phone)
Client Information		

(Phone 1)

(Phone 2)