

THE FASD NETWORK

The FASD Network's Support Program provides direct support to families and individuals impacted by FASD. The program offers individualized support to gain positive outcomes by providing one-on-one assistance. Support services are voluntary and an FASD diagnosis is not required to access services.

Justice Support Services

The FASD Network's support services now includes a Support Worker dedicated to providing supports and services for individuals with FASD who have involvement in the Saskatchewan justice system. The Network's Justice Support Worker will:

- Manage case files for individuals with FASD who have involvement in the justice system in Saskatchewan communities.
- Attend all court proceedings with their clients including therapeutic courts, criminal court, youth court, family court, and Rentalsman court, when possible.
- Attend legal appointments during, prior, and after court proceedings, when possible.
- Advocate on client's behalf to legal professionals and community supports.
- Continue support during incarceration.
- Educate clients on their basic human rights and inform them on how to uphold these rights while incarcerated.
- Assist corrections workers to develop individual release plans.
- Work with the individuals to create short-term goals and determine a plan to reach these goals.
- Provide wraparound supports and services.
- Make referrals to community organizations to help clients reduce or eliminate criminal behaviour and maintain a healthy lifestyle.
- Assist individuals in accessing the assessment and diagnosis services available.
- Provide assistance with housing, income, addictions, education, employment, cultural support, etc.

For more information on the services provided by the FASD Network please contact us at:

1-866-673-3276

janelle.sp@fasdnetwork.ca

www.saskfasdnetwork.ca

FASD 
NETWORK

Client Referral Form for Justice Support Services

No Fee for service * No Diagnosis required

Fax (306)975-0853 or Email: manager.sp@fasdnetwork.ca

Referring Agency: _____ Date: _____

Lawyer: _____

Phone: _____ Email: _____

Court appearance:

Location: _____

Date: _____ Time: _____ Court room: _____

Court:

MHS Criminal Domestic Violence Youth court Drug court Family Rentalsman

Self-representation Other: _____

Charges: _____

Previous Charges: _____

Client Information:

Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Self-identifying:

First Nations Metis Caucasian Other

First Nations community: _____

Diagnosis:

FASD undiagnosed seeking assessment

Other diagnosis:

Primary Support Contact: _____

Relationship to client: _____

Phone: _____ Email: _____