nelson community services fyi.ca
Supporting families, youth & individuals

#201 – 518 Lake Street
Nelson, BC V1L 4C6
Ph: (250) 352-3504 | Fax: 250-352-3750
Email: admin@servicesfyi.ca

REFERRAL FORM

Is this an: Internal (NCS) Referral? _____ Community Organization Referral? _____ Self-Referral? _____

Date of Referral (today's date):

Client/Parent Name(s):

Child/Youth Name(s): D.O.B. (mm/dd/yy):
D.O.B. (mm/dd/yy):

Address:

Client/Parent(s) Phone: OK to leave a message at this no.? ☐ Yes ☐ No

Client/Parent(s) Email: Preferred method of contact?

Guardian Name(s)/contact info, if applicable:

Referring worker (name/agency/contact info):

To which NCS program(s) are you making a referral?

- ☐ Child & Youth Counseling (Experiencing Violence/Sexual Abuse/Trauma/Grief/Etc.)
- ☐ Family Services (Family Support/Parenting Support/Family Counseling/Parent-Teen Conflict Resolution)
- ☐ Groups – underline which one(s) (Transitions for Men/Women INC (pre-employment programs), Women's Healing Journey, Men Building Rewarding Relationships, Parenting groups)
- ☐ Homelessness Prevention
- ☐ Stopping the Violence Women's Outreach
- ☐ Stopping the Violence Women's Counselling
- ☐ Street Outreach
- ☐ Women's Transition House
- ☐ Youth Outreach
- ☐ Youth Services (*Independence for Youth* Housing and Support)
- ☐ Child/Youth Community Mental Health (limited to MCFD - CYMH referrals only)
- ☐ Supervised Visitation Service (limited to MCFD referrals only)

Reason for Referral (please indicate level of priority and/or risk – low, medium, high): : (use back of page if needed)

Additional Comments: (use back of page if needed)

Note: All referrals will be responded to within 5 business days. Please note that some programs will have waiting lists. **Please email or fax referrals to admin@servicesfyi.ca or (250) 352-3750 (fax).**

_____ _____
Client and/or Guardian Signature, if possible Referring Worker Signature