

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 Counselling (Experiencing Violence/Sexual Abuse/Trauma/Grief/Etc.)
- Family Support
- Parenting Support
- Family Counselling (incl. Parent-Teen Conflict Resolution)
- Groups – **underline which one(s)** (Pre-Employment Programs (Doorways for Men/Women INC), 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*)

Reason for Referral (please indicate level of priority and/or risk – Low, Medium, High):

Additional Comments:

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

Client and/or Guardian Signature, if possible

Referring Worker Signature