#201 – 518 Lake Street

Nelson, BC V1L 4C6

Ph: (250) 352-3504 | Fax: 250-352-3750

Email: [admin@servicesfyi.ca](mailto:admin@servicesfyi.ca)

**REFERRAL FORM**

**Is this: 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 – (an appropriate program will be determined with you)

🞏 Family Support

🞏 Family Counselling (including 🞏 Parent-Teen Conflict Resolution)

🞏 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 working days. Please note that some programs will have waiting lists. **Email or fax referrals to** [**admin@servicesfyi.ca**](mailto:admin@servicesfyi.ca) **or (250) 352-3750 (fax).**

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