



CARIBOO FAMILY ENRICHMENT CENTRE

Strengthening the Quality of Personal, Family, and Community Life

REFERRAL FORM

Referral By (Name): _____ Referral Date: _____
 Agency/Organization: _____ Agency/Organization Contact Number: _____

Requested Service:

- | | |
|---|--|
| <input type="checkbox"/> Counselling Services <ul style="list-style-type: none"> • Anger Management, Grief Counselling, Child and Youth Counselling, Child Play Therapy, Family Group Conferencing, Communication Support, Parent-Teen Mediation, Relationship Counselling, etc. <input type="checkbox"/> Early Care and Learning Centre (Daycare) <input type="checkbox"/> Early Years Centre <ul style="list-style-type: none"> • Child Care Resource & Referral, Child Care Subsidy, Early Years Screening, etc. | <input type="checkbox"/> Family Services <ul style="list-style-type: none"> • Family Support Worker, Home Visitor, FASD/CDBC Support, Parenting Education, Prenatal/Pregnancy Outreach, etc. <input type="checkbox"/> Supervised/Supported Visits <input type="checkbox"/> Youth Services <ul style="list-style-type: none"> • Youth Agreement, Youth Zone, Youth Outreach, Youth Transition, etc. <input type="checkbox"/> Other: _____ |
|---|--|

Client Name(s):	_____	Date of Birth: _____
	_____	Date of Birth: _____
Client Contact Information:	Mailing Address: _____	
	Physical Address: _____	
	Authorized Contact Phone Number: _____	
	May voice messages be delivered? <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address: _____	
Parent or Guardian or Caregiver if applicable:	Name: _____	
	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please specify): _____	

Name of Child(ren)	Date of Birth	Gender	If Child In Care, Enter Caregiver's Name

Caretaker's Contact Information:	Authorized Contact Phone Number: _____
	Physical Address: _____
	Mailing Address : _____

(For Professional Use Only) Reports Requested: Yes No Report Frequency: _____



PO Box 2427 · #1-486 South Birch Avenue, 100 Mile House, B.C. V0K 2E0

Phone: (250) 395-5155

Fax: (250) 395-1811

Web: www.cariboofamily.org

eMail: cfec@cariboofamily.org

Are there child protection concerns and/or safety concerns? Yes No

If yes, please explain:

Brief description of situation and/or services requested (Include family/client strengths as applicable):

Goals/outcomes set for the service requested:

MANDATORY:

I have read this form and had the opportunity to ask questions, and I agree to this referral.

Signature of Client _____ Print Name _____ Date _____

Signature of Parent/Guardian (if applicable) _____ Print Name _____ Date _____

Signature of Social Worker/Clinician/Referral Service _____ Print Name _____ Date _____

CFEC INTERNAL USE ONLY: Supervisor: _____ Referred to: _____ Referral Date: _____

Notes:

Has client received services from the Cariboo Family Enrichment Centre in the past? Yes No

If yes, please describe:

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The CFEC is located within the traditional territory of the Tsq'escen people, part of the Northern Secwepemc to Qelmučw.