

Referral to Out of Care Options Worker

Social Worker: _____

Caseload: _____

Phone Number: _____

Email: _____

Team Leader: _____

Date of referral: _____

Family Information:

FS File#: _____

Parent's Names: _____

Child(ren)'s Name: _____ DOB: _____ In Care: Y/N

Name of Band: _____

Resource Details:

Care Provider Name(s): _____

Address and Phone #: _____

Relationship to Child: _____

Checklist:

Completed:

PCC

Criminal Record Check

References

Home Study

T/L Approval

Signed Agreement

Please forward this form or call with the above information to:

Gillian Pettersen

Carrier Sekani Family Services

Phone: (250) 563-3360 ext. 112

Fax: (250) 562-3575

Email: gillian@csfs.org