



# SK'AI ZEH YAH REFERRAL FORM (19+)

## REFERRAL GUIDELINES

Please send all complete referrals to the email below or by dropping off at our Prince George Drop in Centre;

- scootes@csfs.org
- Sk'ai Zeh Yah: 1575 2nd Avenue, V2L 3B8 Prince George

Referral Date (yyyy-mm-dd) - \_\_\_\_\_

## PART A) SERVICE REQUESTED

<input type="checkbox"/> One to One Support
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## PART B) AREAS OF SUPPORT (PLEASE CHECK ALL THAT APPLY AND SPECIFY)

<input type="checkbox"/> Health & Well Being	
<input type="checkbox"/> Community Resources	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Housing Support	
<input type="checkbox"/> Substance Use	
<input type="checkbox"/> Other – Please Specify	

## PART C) YOUTH INFORMATION

Is the child/youth a 'child in care' as defined in the Child, Family and Community Services Act? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the youth aged out of care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'yes', please specify with whom the child/youth is in care with:  Ministry of Children and Family Development (MCFD) <input type="checkbox"/> Carrier Sekani Family Services (CSFS) <input type="checkbox"/> Other <input type="checkbox"/>
Name	Birthdate (YYYY/MM/DD)
Is the client Indigenous? If, 'Yes', please indicate below which nation/ tribe and clan they are from. <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the reason for this referral? Please describe below.	
Living Situation. Please describe below.	

**Part D) REFERRAL SOURCE INFORMATION**

Name		Relationship			
Address		City		Postal Code	
Home Phone		Cellphone		Work Phone	

**PART E) SAFETY CONCERNS/ALERTS FOR SERVICE PROVIDERS**

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**OFFICE USE ONLY**

Date received (YYYY/MM/DD)		Date contacted (YYYY/MM/DD)	
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