



YOUTH SERVICES PRINCE GEORGE REFERRAL FORM

REFERRAL GUIDELINES

To refer a potential client, please complete this referral form and email it to the following:

- Prince George – ysreception@csfs.org
- Vanderhoof – Erin Johnson at erin@csfs.org
- Burns Lake – Erin Johnson at erin@csfs.org

You can also drop-off the completed referral form to one of the following offices:

- Youth Services: Prince George at 835 3rd Avenue, V2L3C7
- Youth Services: Vanderhoof at 171 East Columbia Street, VoJ 3A0
- Youth Services: Burns Lake at 492 Highway 16, VoJ 1E0

NOTE: PLEASE DO NOT FAX REFERRALS

PART A) CHILD/ 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	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)	
Cellphone	Address	City
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.		

PART B) REFERRAL SOURCE INFORMATION

Name	Relationship	
Address	City	Postal Code
Home Phone	Cellphone	Work Phone

PART C) GUARDIAN INFORMATION

Name	Relationship	
Home Phone	Cellphone	Work Phone

OFFICE USE ONLY

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