



# YOUTH SERVICES VANDERHOOF 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](mailto:ysreception@csfs.org)
- Vanderhoof – Erin Johnson at [erin@csfs.org](mailto:erin@csfs.org)
- Burns Lake – Erin Johnson at [erin@csfs.org](mailto:erin@csfs.org)

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

- Youth Services: Prince George at 835 3<sup>rd</sup> 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. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
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)
----------------------------	-----------------------------