



CARRIER SEKANI FAMILY SERVICES

YOUTH SERVICES CLIENT REFERRAL FORM

Referral Guidelines

1. To refer a potential client, please complete this form and return/send it to one of the options below
2. **Please do not Fax forms.**
3. Prince George: cjohnson@csfs.org
4. Burns Lake: jconlon@csfs.org
5. Vanderhoof: fkeil@csfs.org

Client Information

Youth Name:		Date:	
Guardian Name:			
Home Address:			
Phone #:		Email Address:	

Referral Information

Referring Person:			
Relationship to Youth:		Phone #:	
Address:			
Email Address:			

Which Youth Services do you wish to refer the youth to:

<input type="checkbox"/> Senior Walk Tall (13-18 Yrs.)	<input type="checkbox"/> Advocacy/Wellness (8-24 yrs.)
<input type="checkbox"/> Junior Walk Tall (8-12 Yrs.)	<input type="checkbox"/> Life Skills (12+)
<input type="checkbox"/> Elder Youth Mentorship (Saik'uz, Takla & Lake Babine Nation)	<input type="checkbox"/> Walk Tall Leadership (19+)
<input type="checkbox"/> Youth Advisory Council	<input type="checkbox"/> Burns Lake Youth Services
<input type="checkbox"/> Skai'Zeh Yah (Prince George Youth Centre)	<input type="checkbox"/> Vanderhoof Youth Services

Reason client is being referred to this group/worker:

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For Internal Use Only

Date Received:		Date Contacted:	
Assigned To:		Date:	
Youth Services Staff Signature:		Date:	
Youth Services Manager Signature:		Date:	