



YOUTH SERVICES 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
- Sk'ai Zeh Yah – Sarah Cootes at scootes@csfs.org
- Vanderhoof – Erin Johnson at erin@csfs.org
- Burns Lake – Erin Johnson at erin@csfs.org
- Child and Youth Advocacy Centre – Sara Heembrock at sheembrock@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, V2L 3C7
- Sk'ai Zeh Yah Youth Centre: Prince George at 1575 2nd Avenue, V2L 3B8
- Youth Services: Vanderhoof at 171 East Columbia Street, V0J 3A0
- Youth Services: Burns Lake at 492 Highway 16, V0J 1E0

NOTE: PLEASE DO NOT FAX REFERRALS

PART A) CHILD/ YOUTH PROGRAM(S) PARTICIPATION REFERRAL

<input type="checkbox"/> Niwh Khinek Carrier Language Program	<input type="checkbox"/> Youth Advisory Council
<input type="checkbox"/> Walk Tall Senior Program (ages 13-18)	<input type="checkbox"/> Advocacy/ Wellness/ Life Skills
<input type="checkbox"/> Walk Tall Junior Program (ages 8-12)	<input type="checkbox"/> Elder/ Youth Mentorship (Lake Babine Nation, Saik'uz First Nation, Takla Lake First Nation)
<input type="checkbox"/> PRIDE Group	<input type="checkbox"/> Child and Youth Advocacy Centre

PART B) 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: <input type="checkbox"/> 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.	

PART C) REFERRAL SOURCE INFORMATION

Name	Relationship	
Address	City	Postal Code
Home Phone	Cellphone	Work Phone

OFFICE USE ONLY

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