COLLABORATIVE PRACTICES PRORGRAM REFERRAL FORM

Please send all complete referrals to [familyjustice@csfs.org](mailto:familyjustice@csfs.org) or fax 250-645-4811

|  |  |
| --- | --- |
| **REFERRAL DATE:** |  |

TYPE OF MEDIATION REQUESTED (select one):

Prevention Meeting  ASI Family Meeting

Youth Transition Conference  Family Case Planning Conference

Family Group Conference  FGC- Permanency Planning Meeting

CONTACT INFORMATION:

Has the family agreed to participate in meeting?  Parent/Caregiver  Child(ren)

|  |  |
| --- | --- |
| **Social Worker Name:** |  |
| Phone Number:  DIRECT LINE IF POSSIBLE |  |
| Email Address: MUST PROVIDE |  |
| Office Code: |  |
| CS/FS/PO/CYMH #: |  |
| **Supervisor/Team Lead Name:** |  |
| Phone Number: |  |
| Email Address: |  |

|  |  |  |
| --- | --- | --- |
| **Child’s Name** | **Date of Birth** | **Legal Status/Band** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Mother/Caregiver Name:** |  |
| Phone: |  |
| Address: |  |
| Band: |  |
| **Father/Caregiver Name:** |  |
| Phone: |  |
| Address: |  |
| Band: |  |

OTHER PARTICIPANTS (RELATIVES, CLOSE FRIENDS, SUPPORT PEOPLE):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone** | **Address** | **Relationship** |
|  |  |  |  |
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BRIEF DESCRIPTION OF WHY CHILD & FAMILY SERVICES IS INVOLVED AND SITUATION TO BE ADDRESSED:

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| --- |
|  |

**THIS SECTION FOR FAMILY GROUP CONFERENCING REFERRAL**

DOES THE FAMILY WANT CLAN REPRESENTATION & INVOLVEMENT AT THE MEETING?

Mother Clan:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Clan:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY REASON FOR REFERRAL:

|  |  |  |
| --- | --- | --- |
| Safety Planning | | Permanency Planning |
| Access/Relationship Issues | | Planning for Independence |
| Placement Concerns | | Reunification with Family/Roots |
| Other: |  | |

People who you determine are INAPPROPRIATE to participate:

|  |  |
| --- | --- |
| **Name** | **Reason** |
|  |  |
|  |  |
|  |  |