COLLABORATIVE PRACTICES PRORGRAM REFERRAL FORM

Please send all complete referrals to 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:

|  |
| --- |
|  |

**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** |
|  |  |
|  |  |
|  |  |