



YOUTH SERVICES REFERRAL FORM

INSTRUCTIONS

- Use this form to refer a child/ youth to a Youth Services program in Prince George, Vanderhoof, Burns Lake, or a CSFS member nation
- Completed forms can be either dropped off in person or e-mailed
- Do not fax referral forms
- Ensure the form is completed to the best of your ability

- Indicate which Youth Services location is being referred to by checking a box:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Prince George, BC - 835 3 rd Avenue, V2L 3H7
Niwh Hiskak Habibeh "For Our Children" Youth Services
ysreception@csfs.org |
| <input type="checkbox"/> | Prince George, BC - 1575 2 Ave, V2L 3B8
Sk'ai Zeh Yah "Children of Chiefs House" Youth Centre
ysreception@csfs.org |
| <input type="checkbox"/> | Vanderhoof, BC - 171 Columbia Street East, V0J 0A8
Syoh "My House" Youth Centre
YSVH@csfs.org |
| <input type="checkbox"/> | Burns Lake, BC - 686 McPhail Road, V0J 1E0
Youth Services Office
BL_YS@csfs.org |
| <input type="checkbox"/> | CSFS Member Nation:
Community_YS@csfs.org |

PART A – CLIENT INFORMATION

Is the client designated a "child in care" as defined in the Child, Family and Community Service Act?

Yes ☐ No ☐

If, "yes", please indicate which agency has guardianship of the client:

Ministry of Children and Family Development (MCFD) ☐

Carrier Sekani Family Services (CSFS) ☐

Other ☐

DATE OF REFERRAL (DD-MM-YYYY)	CLIENT NAME	PRONOUNS	CLIENT AGE
PHYSICAL ADDRESS	CITY	POSTAL CODE	
CELLPHONE	HOMEPHONE	E-MAIL	

Is the client currently on any agreements as defined in the Child, Family and Community Service Act? For example, is the client on a Young Adult Agreement (YAA) or a Strengthening Abilities and Journeys of Empowerment (SAJE) agreement?

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PART A – CLIENT INFORMATION CONT.

Is the client Indigenous? If, “yes”, please indicate which Nation are they from, and if they are currently residing in that community.

Yes

☐

No

☐

Is the client aware of this referral?

Yes

☐

No

☐

PART B – GUARDIAN INFORMATION

GUARDIAN NAME

RELATIONSHIP TO CLIENT

PHYSICAL ADDRESS

CITY

POSTAL CODE

CELLPHONE

HOMEPHONE

E-MAIL

Is the guardian aware of this referral?

Yes

☐

No

☐

PART C – CAREGIVER INFORMATION (IF APPLICABLE)

CAREGIVER NAME(S)

RELATIONSHIP TO CLIENT

PHYSICAL ADDRESS

CITY

POSTAL CODE

CELLPHONE

HOMEPHONE

E-MAIL

Is the caregiver aware of this referral?

Yes

☐

No

☐

PART D – REFERRAL SOURCE INFORMATION

REFERRAL SOURCE NAME

RELATIONSHIP TO CLIENT

PHYSICAL ADDRESS

CITY

POSTAL CODE

CELLPHONE

WORKPHONE

E-MAIL



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PART E – PROGRAM(S) BEING REQUESTED

What is the reason for the referral? Include any other information that will help service providers work more effectively with the client.

Please indicate below which program(s) the client is being referred to:

- | | |
|--|--|
| <input type="checkbox"/> Walk Tall Senior Girls Program (ages 13-18) | <input type="checkbox"/> Nk'esiya' "I love you" PRIDE Group |
| <input type="checkbox"/> Walk Tall Junior Girls Program (ages 8-12) | <input type="checkbox"/> Prevention Education Advocacy Counselling Empowerment (PEACE) Program |
| <input type="checkbox"/> Walk Tall Senior Boys Program (ages 13-18) | <input type="checkbox"/> Grief and Loss Services |
| <input type="checkbox"/> Walk Tall Junior Boys Program (ages 8-12) | <input type="checkbox"/> Youth One-to-One Services (ages 8-18) |
| <input type="checkbox"/> Youth Advisory Council (YAC) | <input type="checkbox"/> Young Adult One-to-One Services (ages 19-29) |

OFFICE USE ONLY

Date of referral (MM-DD-YYYY)	Date referral received (DD-MM-YYYY)	Date client contacted (DD-MM-YYYY)