



# Self-Referral Form

Personal information entered on this form will be retained by the Cariboo Family Enrichment Centre, in accordance with its privacy and records policies and provincial/federal privacy protection legislation.

## Client Details

Full Name:		Gender:	Date of birth: Y   Y   Y   Y   M   M   D   D	
Parent/Guardian's full name (if applicable):		Gender:	Date of birth: Y   Y   Y   Y   M   M   D   D	
Do you identify as indigenous? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Mailing address:				
Physical address:				
Phone number (authorized for us to contact you):	May we leave voice messages? <input type="checkbox"/> YES <input type="checkbox"/> NO		Email address:	

## Service Details

What type of service are you seeking/What help do you need?		
<input type="checkbox"/> Counselling Service	<input type="checkbox"/> Early Years Service	<input type="checkbox"/> FASD Key Worker/CBDC
<input type="checkbox"/> Family Support Service	<input type="checkbox"/> Youth and Family Navigator	<input type="checkbox"/> Youth Support Service
<input type="checkbox"/> Group course (course name: _____ )		
Please provide further detail regarding the service/help you are seeking:		
If applicable, please provide guardian/caregiver name, relation, and contact number:		
If applicable, information regarding children:		

## Service Agreement: By completing and signing the following section, you agree to have a CFEC staff member contact you.

Client or guardian's name:	Client or guardian's signature:	Date signed: Y   Y   Y   Y   M   M   D   D
Preferred contact method:		

## CFEC INTERNAL USE ONLY

Supervisor:	Referred to:	Referral Date:	Past Services: <input type="checkbox"/> YES <input type="checkbox"/> NO
Notes:			