CONFIDENTIAL

CARIBOO FAMILY ENRICHMENT CENTRE

Strengthening the Quality of Personal, Family, and Community Life

EXTERNAL REFERRAL FORM

This form has been optimized for Adobe Acrobat. Some fields may not display correctly when using this file with other software.

Referral By (Name): _____ **Referral Date:** _____

Agency/Organization: _____ **Agency/Organization Contact Number:** _____

Requested Service:

- ❑ Counselling Services
  - Anger Management, Grief Counselling, Child and Youth Counselling, Child Play Therapy, Communication Support, Parent-Teen Mediation, Relationship Counselling, etc.
- ❑ Early Care and Learning Centre (Daycare)
- ❑ Early Years Centre
  - Child Care Resource & Referral, Child Care Subsidy, Early Years Screening, etc.
- ❑ Family Services
  - Family Support Worker, Home Visitor, FASD/CDBC Support, Parenting Education, Prenatal/Pregnancy Outreach, etc.
- ❑ Supervised/Supported Visits
- ❑ Youth Services
  - Youth Agreement, Youth Zone, Youth Outreach, Youth Transition, etc.
- ❑ Other: _____

Client Name(s):	_____ Date of Birth: _____ _____ Date of Birth: _____
Client Contact Information:	Mailing Address: _____ Physical Address: _____ Authorized Contact Phone Number: _____ May voice messages be delivered? ❑Yes ❑No Email Address: _____
Parent or Guardian (if applicable):	Name: _____ ❑Birth Parent ❑Stepparent ❑Grandparent ❑Other (please specify): _____

Name of Child(ren)	Date of Birth	Gender	If Child In Care, Enter Guardian's Name

Guardian's Contact Information:	Authorized Contact Phone Number: _____ Physical Address: _____ Mailing Address : _____

(For Professional Use Only) **Reports Requested**: ❑ Yes ❑No Report Frequency:

PO Box 2427 · #1-486 South Birch Avenue, 100 Mile House, B.C. V0K 2E0

Phone: (250) 395-5155 **Web:** www.cariboofamily.org

Fax: (250) 395-1811 **eMail:** cfec@cariboofamily.org

The CFEC is located within the traditional territory of the Tsq'escen people, part of the Northern Secwepemc to Qelmucw.

Are there child protection concerns and/or safety concerns? ❑ Yes ❑No If yes, please explain:

Brief description of situation and/or services requested (Include family/client strengths as applicable):

Goals/outcomes set for the service requested:

MANDATORY:

I have read this form and had the opportunity to ask questions, and I agree to this referral.

Signature of Client	Print Name	Date
Signature of Parent/Guardian (if applicable)	Print Name	Date
Signature of Social Worker/Clinician/Referral Service	Print Name	Date

CFEC INTERNAL USE ONLY: Supervisor: Referred to: Referral Date:

Notes:

Has client received services from the Cariboo Family Enrichment Centre in the past? ❑ Yes ❑No

If yes, please describe:

Accredited By COA Council on Accreditation Founded 1977

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