



**SOUTH ISLAND WELLNESS SOCIETY (SIWS)
CHILD, FAMILY and COMMUNITY PLANNING REFERRAL FORM**

Please send this referral by e-mail to intake@siws.ca, fax to 778-426-2998, or call us at 778-426-2997.

Referrer:	Referral date:
Contact Info:	SIWS File #
Referral Source: <input type="checkbox"/> Community <input type="checkbox"/> Self <input type="checkbox"/> MCFD <input type="checkbox"/> NIL/TU,O <input type="checkbox"/> Surrounded by Cedar <input type="checkbox"/> Hulitan <input type="checkbox"/> Métis Community Services <input type="checkbox"/> Victoria Native Friendship Centre <input type="checkbox"/> Other:	
Urgency: <input type="checkbox"/> Immediate (within 48 hrs) <input type="checkbox"/> Moderate (5 business days) <input type="checkbox"/> Low (10 business days)	

Parents

Name	Address	Date of Birth (mm/dd/yy)	Contact information (Phone/E-mail)
Mother's Name:			
Band:			
Father's Name:			
Band(s):			
Other Guardian/Caregiver:			
Band:			
Relationship to child:			

Children

Name	(M/F)	Legal status (If in care, how long?)	Address	Date of Birth (mm/dd/yy)
Name:				
Band:				
Name:				
Band:				
Name:				
Band:				
Name:				
Band:				
Name:				
Band:				

Youth (receiving transition services)

Name	(M/F)	Legal status (If in care, how long?)	Address	Date of Birth (mm/dd/yy)
Name:				
Band:				

Community

Community where the family currently resides:

<input type="checkbox"/> Tsartlip	<input type="checkbox"/> Tsawout	<input type="checkbox"/> Tseycum	<input type="checkbox"/> Pauquachin	<input type="checkbox"/> Songhees	<input type="checkbox"/> Esquimalt
<input type="checkbox"/> T'Sou-ke	<input type="checkbox"/> Beecher Bay	<input type="checkbox"/> Pacheedaht	<input type="checkbox"/> Métis	<input type="checkbox"/> Urban	*double click the box to check

Consent

Is the family already aware of this referral to SIWS? Yes No

Issue Statement

Briefly describe the family's situation and reason for requesting the Family Advocates involvement.

Band Designate / C.P.C. Contact / Social Development Contact

Name	Position

Significant Extended Family or Community Members Involved

Name	Relationship	Contact Info

Other Key Participants in the Planning including Professional Services Already involved

Name	Relationship	Contact Info