



Gift Givers Family Support Program Referral Form

Please complete this form and fax to Gift Givers Social Worker at 250-554-1157.



REFERRAL INFORMATION

Referral Agency: _____ **Referral Date:** _____

Referral Source: (Name & Title) _____

Client Being Referred: _____ **D.O.B:** _____

Client Address: _____

Client Contact Number(s): _____

ABORIGINAL ANCESTRY INFORMATION

Client Identifies as:

First Nation Status

Nation of Origin: _____

First Nation Band: _____

First Nation Non-Status

Nation of Origin: _____

Métis

Land of Origin: _____

Inuit

Land of Origin: **Inuvialuit** (NWT and Yukon)

Nunavut

Nunavik (Northern Quebec)

Nunatsiavut (Labrador)

Cultural/Spiritual/Religious Observances or Faith

CHILD WELFARE INVOLVEMENT

Delegated Agency

SCFS Urban or SCFS On-Reserve

Caseworker: _____ **Tel:** _____

Address: _____

MCFD

Caseworker: _____ **Tel:** _____

Address: _____

LMO

Caseworker: _____ **Tel:** _____

Address: _____

Other: _____

Caseworker: _____ **Tel:** _____

Address: _____

Child Protection Stage

Please indicate which stage of child protection process the client is at: (First contact by agency, presentation hearing has taken place, protection hearing has taken place) or,

This family requires intervention to prevent child protection involvement.

CHILD WELFARE INVOLVEMENT (...continued)

Orders / Agreements in Place

- Voluntary Care Agreement**
 - Youth Agreement**
 - Interim Supervision Order** (Child(ren) are in home)
 - Interim Supervision Order** (Child(ren) are residing outside the home)
 - Interim Custody Order** (Child(ren) are in foster care)
 - Temporary Supervision Order** (Child residing in home)
 - Temporary Supervision Order** (Child residing outside of the home)
 - Continuing Custody Order** (Child in foster home)
 - Other:** _____
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Caregiver Information (if other than the parent)

Name: _____ **Tel:** _____

Access Information (if applicable)

- Phone Calls**
 - Unsupervised Visitation**
 - Supervised Visitation**
 - Other:** _____
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REASON FOR REFERRAL

GOALS AND NEEDS

CLIENT STRENGTHS

Other Applicable Information:
