Fraser Valley Aboriginal Children and Family Services Society

**\*Please fill both pages and send referral electronically to:** [StoLoTherapy@xyolhemeylh.bc.ca](mailto:StoLoTherapy@xyolhemeylh.bc.ca)

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| **REFERRAL SOURCE** | |
| Date of Referral: | Referred by: |
| Agency Name: Xyolhemeylh (Fraser Valley Aboriginal Children and Family Services Society) | |
| Contact Info:  Email Address:  Phone #: | |

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|  | | **CAREGIVER INFORMATION** | | | | | | |
| Last Name: | | | | First Name: | |  | | |
| Address: | | | | | City: | B.C. | Postal Code: | |
| First Nation: |  | | | | | Name of Community: | | |
| Phone #: |  | | | | | Email Address: | | |
| Parent | | | Stepparent | | Foster Parent | EFP Caregiver | |  |

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| **CHILD/YOUTH/PERSON BEING REFERRED** | | | |
| Last Name: | First Name: | | Date of Birth: |
| First Nation: | | Name of Community: | |
| Phone #: | | Email Address: | |

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| **FURTHER QUESTIONS** | | | | | |
| Is the client consenting to referral? | | | | Yes | No |
| Is the client in school? | Yes | No | If the client is in school, what is the name of the school? |  | |
| Is there a police file open? | Yes | No | When was the report made?  What is the file number?  Who is responsible for the file (Name)? |  | |
| Is there a child safety file open? | Yes | No | When was the file opened?  Who is the worker responsible for the file? |  | |

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| **REASON FOR REFERRAL (Please be concise)** |
| **1.Presenting issue(s):**  **2.Your Hopes & Goals for Service:** |

**3. Please indicate if there is current involvement with C&YMH, or other Mental Health Professionals: Who and how long?**