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:** **[ ]**  Community **[ ]**  Self **[ ]**  MCFD **[ ]**  NIL/TU,O **[ ]** Surrounded by Cedar **[ ]** Hulitan **[ ]** Métis Community Services **[ ]** Victoria Native Friendship Centre **[ ]**  Other:  |
| **Urgency:** **[ ]** Immediate (within 48 hrs) **[ ]** Moderate (5 business days) **[ ]** 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:**   |

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:  |

Community

|  |
| --- |
| **Community where the family currently resides:**  |
| **[ ]** Tsartlip **[ ]** Tsawout **[ ]**  Tseycum **[ ]**  Pauquachin **[ ]**  Songhees **[ ]**  Esquimalt |
| **[ ]**  T’Sou-ke **[ ]**  Beecher Bay **[ ]** Pacheedaht **[ ]**  Métis **[ ]**  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** |
|  |  |  |
|  |  |  |
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**Other Key Participants in the Planning including Professional Services Already involved**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Contact Info** |
|  |  |  |
|  |  |  |
|  |  |  |
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