

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



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

<b>Referrer:</b>	<b>Referral date:</b>
<b>Contact Info:</b>	<b>SIWS File #</b>
<b>Referral Source:</b> <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:	
<b>Urgency:</b> <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)
<b>Mother's Name:</b>			
<b>Band:</b>			
<b>Father's Name:</b>			
<b>Band(s):</b>			
<b>Other Guardian/Caregiver:</b>			
<b>Band:</b>			
<b>Relationship:</b>			

**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**

<b>Community where the family currently resides:</b>
<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

Family Advocate Assigned:

Date:

---