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.

|  |  |  |
| --- | --- | --- |
| **Referrer:** | | **Referral date**: |
| **Contact Info:** | | *SIWS File #* |
| **Referral Source:**  Community  Self MCFD  NIL/TU,O Surrounded by Cedar HulitanMétis Community ServicesVictoria Native Friendship Centre  Other: | |
| **Urgency:** Immediate (within 48 hrs) Moderate (5 business days) Low (10 business days) | |

Youth (receiving transition services)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **(M/F/NB)** | **Legal status**  **(If in care, how long?)** | **Date of Birth**  **(mm/dd/yy)** | **Address** | **Contact information**  **(Phone/E-mail)** |
| Name: |  |  |  |  |  |
| Band: |

Guardians/Caregivers

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Date of Birth**  **(mm/dd/yy)** | **Contact information**  **(Phone/E-mail)** |
| **Guardian/Caregiver:** |  |  |  |
| **Band:**    **Relationship to child:** |
| **Guardian/Caregiver:** |  |  |  |
| **Band:**    **Relationship to child:** |
| **Guardian/Caregiver:** |  |  |  |
| **Band:**    **Relationship to child:** |

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 Youth already aware of this referral to SIWS?  Yes  No |

Issue Statement

|  |
| --- |
| Briefly describe the Youth’s situation and reason for requesting Youth Transition Services? |

**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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