SOUTH ISLAND WELLNESS SOCIETY (SIWS)

CHILD, FAMILY and COMMUNITY PLANNING REFERRAL FORM

Please send this referral by e-mail to intake@siws.ca, 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

Other Key Participants in the Planning including Professional Services Already involved

Name	Relationship	Contact Info

Family Advocate Assigned: Date: