SOUTH ISLAND WELLNESS SOCIETY (SIWS)
ADULT SUPPORT WORKER REFERRAL FORM

Our Support Workers play a vital role in connecting people with essential resources and programs, fostering emotional support, and promoting cultural enrichment. By connecting individuals to treatment programs, parenting classes, food access/resources, and mental health support, Support Workers contribute to the holistic well-being of the community.

Please send this referral by e-mail to <u>intake@siws.ca</u>

Referrer:	**Referral date**:
Phone number:	**Email**:

Referral Source: ☐ Community ☐ Self ☐ MCFD ☐ NIL/TU,O ☐ Surrounded by Cedar ☐ Hulitan
☐ Island Métis ☐ Victoria Native Friendship Centre ☐ Other:

Urgency: ☐ Immediate (within 48 hrs) ☐ Moderate (5 business days) ☐ Low (10 business days)

Client Information

	Gender/ Pronouns	Address	Date of Birth (mm/dd/yy)	Contact information (Phone/E-mail)
Name: **Band(s)**:				

Community

Community where the individual currently resides: *double click the box to check

☐ Tsartlip ☐ Tsawout ☐ Tseycum ☐ Pauquachin ☐ Songhees ☐ Esquimalt

☐ T'Sou-ke ☐ Beecher Bay ☐ Pacheedaht ☐ Urban

Consent

Is the individual aware of this referral to SIWS? ☐ Yes ☐ No

Background Information

Briefly describe the individual's situation and reason for requesting an Adult Support Worker.

What area(s) is support needed? *double click the box to check

☐ 1:1 Emotional Support   ☐ Addictions/Recovery Support   ☐ Anxiety/Mental Health

☐ Food Access/Resources   ☐ Housing Applications   ☐ MCFD Advocacy

☐ Resource Connection (i.e. Counselling, Legal Aid, Referrals, Parenting classes etc.)   ☐ Paperwork   ☐ Other

Significant Extended Family or Community Members Involved

Name	Relationship	Contact Info (Email & Phone #)

Other Key Participants including Professional Services Already involved

Name	Job/Organization	Contact Info (Email & Phone #)

Support Worker Assigned: Date: